TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION

	MARYLAND ST	TATE DEPA	ARTMENT	OF HEALTH		
DF STATISTICAL	RESEARCH AND	RECORDS,	301 W. PRES	STON STREET,	<b>BALTIMORE 1</b>	, MARYLAN
	CERT	IFICATE	OF DEA	TH		0945

UBUVV				
PLACE OF DEATH     a. COUNTY				tution: Residence before admission
CECIL	MARYLAND	a. STATE Mary	land b. COUNT	Harford
b. CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, writ	e RURAL and give nearest town
Perry Point ve nearest town)	1 Mo.4Days	Fallston		12-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
VA Hospital, Perry Point,	Maryland	Route 1		YES NO
3. NAME OF First DECEASED (Type or print) BERNICE	Middle B.	ALLEN	4. DATE Month 2 DEATH	Day Year 1 1966
5. SEX 6. COLOR OR RACE 7. MARRIED FEMALE WHITE WIDOWED	] INTARK WAKKIED [	5-12-02	last birthday) N	FUNDER 1 YEAR   IF UNDER 24 HR
MIDOMED [	D OF BUSINESS OR	,	O) yrs.	
during most of working life, even if retired) IND	oustry ent Stor		ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME  Jacob H. Bowers (Dec) (27)	16-05-4629)	14. MOTHER'S MAIDI	ekerman (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC		INFDRMANT	Address	
(Ves no or unkown) (If yes nive war or dates of service)		*****	ords, VAH, Pe	
18. CAUSE OF DEATH [Enter only one cause per line	o for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brond	cho-Pneumonia	Bilateral		3 to 7 Da
170 X DUE TO				
Conditions, If any, which ) Metas	static Tumor t	o Lungs		
gave rise to immediate ( cause (a), stating the DUE TO				
underlying cause last. (c) Car	cinoma of Bres	ast		2 Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	IS EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  20a. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of	Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. p.m. 19 While at work		CE OF INJURY (Home, fairy, street, office bldg., et		(County) (State)
21. I certify that (this hospital) attended		2-28- 19	65 to 2-1-	, 19 66 AREKWANER
CONTRACT DESCRIPTION OF SELECTION OF SELECTI				nd on the date stated above
22a. SIGNATURE + V	M.D.	ATTENDING M	IED. STAFF IRECTOR PHYS.	2202 DATE SIGNED
22c. PHYSICIAN'S NAME (Type) F. VELASCO	m.U.	22d. ADDRESS	rry Point, Mary	/land
	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
REMOVAL (Specify)	Moreland Memor		Baltimore	Md.
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR   25b. REG	USTRAN'S SUGNATURE
Howard K. McComas & Son	Abingdon, Md.			story design

VR AI5 (4) 20M 1/65

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T. MER. L. S. C. Committee Co.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH unerol 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ECIL BF MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) popers. Poge hin 72 hours c write RURAL and give nearest town) CHESAPEAKE ELKTON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 NONE YES NO completely fi 3. NAME OF 4. DATE Middle Lost Doy Year DECEASED Gas 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH 9. AGE (In years remove lost birthdoy) Months Doys in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired)

13. FATHER'S NAME INDUSTRY COUNTRY? physicion ondi CHESAPBAKE CITY,
14. MOTHER'S MAIDEN NAME ONST removal 6 EORGE B1665 IAURA KAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 CHESAPEARE 21TH BIdds cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO signed | buriol estruction Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the prior to 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION of Health NO for 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. MFDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 10 . 1966, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram\_ , 1964, ta 19/6, and that death accurred at 3.40 A.M. from causes and an the date stated above. saw the deceased alive an\_\_\_ 220. SIGNATURE 22b. DATE SIGNED M.D. director, poge should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ROLANDO LKTON, MD 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) BURIAL REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE MAD IPPIN FUNERAL KYON

executed within 24 hours after death. the deoth certificate ATTENDING PHYSICIAN: The low requires that or oftending be retained by the hospital

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TO FUNERAL DIRECTOR: After VR A15 (4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rentine carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and heart event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12202
CERTIFICATE OF DEATH

022	202		CERTIFICAT	E OF DEATH		02153
1. PLACE OF a. COUNTY Cecil			MARYLAND		E (Where deceased lived, If Institution: b. CQUNTY ct of Columbia	Residence before admission)
b. CITY OR	TOWN (if outside URAL and give near	corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
Perry	Point	rest town)	78 days	Washin	igton 4	17-3
		TITUTION (if not in	hospital, give street address)			e. IS RESIDENCE
Veter	ans Admin	istration	Hospital	1458 0	orcoran St., N.W.	ON A FARM? YES NO X
3. NAME DF		First	Middle	Last	4. DATE Month	Day Year
DECEASED (Type or pr		THERON	H.	BRYANT	DEATH February	9 19 66
5. SEX	6. COLOR OF	R RACE   7 MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	19 AGE (In years LIFTINDER	R 1 YEAR HE LINDER 24 HRS.
Male	The state of the s			8-12-05	last birthday) Months	Days Hours Min.
	Negro	of work done   10h	KIND OF BUSINESS OR		310.	CITIZEN OF WHAT
during most of	working life, even	If retired)	INDUSTRY		0	OUNTRY?
Cook				Mitchell		S.A.
13. FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
Will :	Bryant	(D)		Daisy Jo	hnson (D)	
15. WAS DECE	ASED EVER IN U.S. AI		6. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
	own) (If yes give war		DED 12 66 12 T	A Woondtol	Records, Perry Po	stat Ma
Yes Line CAUS			line for (a), (b), and (c),]	H HOSPItal	Records, Perry Po	I INTERVAL BETWEEN
	I. DEATH WAS CAL					1-2 months
FART	IMMEDIATE	CAUSE (a) AC	ute pyeloneph	ritis, bila	teral	T-5 montus
18.	10	DUE TO				
	s, If any, which	(b) Ca	rcinoma of ur:	inary bladd	er	6 mo -1 yr
	to immediate (	DUE TO				
	z cause last.	(c)				
~			BUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
G 400H	DENT WAS HUBERT	VINO EL LOOP	DESCRIPT HOW IN HER COO	Uppen (Coton coture of	Labour to Don't I on Don't II of Itom 11	
OR CONTR	DENT WAS UNDERL' IBUTING CAUSE R, NOTIFY MEDICAL	OF DEATH 200.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of Item 18	5.)
	R, NOTIFY MEDICAL	EXAMINER)				
	E OF INJURY Mont	h, Day, Year   20d. Whil	fact	ACE OF INJURY (Home, fa ory, street, office bidg., et		unty) (State)
ME	p.m.	19 at wo	ork at work			
21. 10	certify that XX (th	is hospital) atten	ded the deceased from	Nov. 23 19	9 65 to Feb. 9 , 19 6	96 MANAGEMANASE
50X36	ac notososen xiles	COCCOCCOCCO	CXXXXDOXXX, and tha	t death occurred at 6	: 40, from the causes and on	the date stated above.
22a. SIGI					Pm   22b.	DATE SIGNED
	E. E	2000 in	M	D. PHYS.	MED. DIRECTOR PHYS. 2-	10-66
	SICIAN'S	E. FOLK.		22d. ADDRESS	cry Paint, Md.	
					<i>+</i>	
REMOVA	CREMATION, 23b. L (Specify)	BATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
Remo		7/00	ADDRESS	DK /IM	Ween and the second	US CIONATURE
24. FUNERAL	17. 10	:Harlon	ADDRESS Wash.	DC 25a. REC	C'D BY REGISTRAR 25b. REGISTRAR	
R. N. Hor	ton Funer	AT Home.	1324 II St. N.	FEB	15 1956 Acharl	en Judge

VR AIS (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY Cecil Maryland Department after death MARYLAND e funeral CITY DR TDWN (if outside corporata limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Perrvville D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS re Pages 1, 2, and 3 to mith, form PM3. Page State hours Union Hospital Broad Street NAME OF First Middle DATE Last Month the 72 DECEASED GEORGE BUNTING February (Type or print) OLIVER DEATH with 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 9. lest birthday) Months | Days Male White N Sept. WIDOWED DIVDRCED T EXAMINER: This certificate should be executed within 24 hours after deal certificate, writing the word "pending" in pencil in Item 18. Give Palould be forwarded to the Chief Medical Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR BIRTHPLACE (State or foreign country) INDUSTRY Worcester County. Custodian Maryland 14. Mother's Malden NAME Hospital any pages 13. FATHER'S NAME = G. Henry Bunting Attie Chesser File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Addrass (Yes, no, or unkown) (If yes give war or dates of service)

Yes

WW 2 permit. 218-10-6340 Mrs Ruth White, Pocomoke City 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fatty Liver. 10 burial-transit cremation. DUE TD Conditions, if eny, which (b) gave rise to immediate DUE TO cause (a), stating 60 underlying couse last. used as to burial, CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE DF DEATH. pe 0 should be 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page . designated a \_ at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X should inspection files. FUNERAL DIRECTOR: I Health or its design death resulted from: Natural causes Suicide Accident Homicide 0 your CHIEF MEDICAL EXAMINER 4 Page / ACTUAL cilo ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY ME for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OF TREMATORY 00 REMDVAL (Specify) Nelson Cemetery Worcester Burial EUNERAL DIRECTOR REC'D BY REGISTRAR 25a. 25b.

INTERVAL BETWEEN DNSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES [X] ND T DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) (County) (State) inquiry and in my ppinion Undetermined manner 22. DATE SIGNED 2/10/66 23d. LDCATIDN (City, town or county) (State) County REGISTRAR'S SIGNATURE VR ALSME (5) Pocomoke 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Cecil

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12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE

DN A FARM?

Year

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Hours I

ND X

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Cecil	2. USUAL RESIDENCE (Where deceased lived, If institution: A	estdence before admission)
MARYLAND	a. STATE b. COUNTY	- /
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Perry Point 4yrs 8 months	Doltimone	20 11
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Baltimore d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
VA Hospital	2620 Fleet St.	YES ND
3. NAME DF First Middle	Last 4. DATE Month	Day Year
	HMILEWSKI DEATH February	20, 1966
THE WARRIED TO THE WARRIED	B. DATE OF BIRTH  9. AGE (In years   IFUNDER   last Withday)   Months	
Male White WIDOWED DIVORCED	1 16 96 To wrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
during most of working life, even if retired)  U. S. Navy-Retired  U.S. Navy	Baltimore, Maryland	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0. D. A.
JACOB CHMILEWSKI (Dec) POLAND	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
	A Hospital Records - Perry Poi	nt, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	70.7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bronchopneumonia,	Bilateral, Severe	100set AND DEATH
334X DUE TO		
conditions, if any, which \ (h) Cerebral Arterioso	clerosis	6- 7 Years
gave rise to immediate (		
cause (a), stating the underlying cause last.	Generalized	6-7 Years
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TAC		PERFORMED?
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.	L43-
S OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of many in the total to the total to the state of the state	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG Hour a.m. While at work at work at work	J, an ear, vince mug., etc./	
	6-21-61 , 19 , to 2-20-66 , 19	MARCINIO
**************************************		
22a. SIGNATURE		ATE SIGNED
11. 100-1	ATTENDING - MED STAFF V- O	-21-66
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 4 2	
NAME (Type) DHIA ALLAHVERDI, M.D.	VA Hospital - Perry Poin	t, Maryland
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify) 221-66 Removal Burial Oak Lawn Co	emetery Eastern Ave. Ra	Itimore, Md.
24. FUNESAL STREETORY ( / ) ADDRESS	emetery Eastern Ave., Ba.    25a. REC'D BY REGISTRAR   25b. REGISTRAR	S SIGNATURE
of Tour T. water	EED DO 1000 BM. 1	A
/o HOFFMAN FUNERAL HOME - Baltimore, Mary	land DATE D 40 1956 guard	J American

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	20000				EPARTMENT O			
	02205	N OF STATISTICAL			TE OF DEAT		ALTIMORE 1, N	MARYLAND O
1.	a. COUNTY				2. USUAL RESIDEN	ICE (Where deceased I	b. COUNTY	Residence before admission)
	b. CITY OR TOW write RURAL	N (If outside corporate lin	nits,   c. LE	MARYLAND NCTH OF STAY IN 11		RGINIA f outside corporate		RFAX V and give nearest town)
	PERRY PO			RS 1 MO.	J d. STREET ADDRESS	IS CHURCH	8	e. IS RESIDENCE
		ADMINISTRATI	ON HOSP	TTAL	315	LITTLE FA	ALLS STREE	
3.	NAME OF DECEASED (Type or print)	First MARTHA		Middle E.	CLINE	4. DATE DF DEATH	Month FEBRUARY	Day Year 14. 1966
	SEX			EVER MARRIED X	8. DATE OF BIRTH FEBRUARY 14	9. ACE last 1	(In years   IF UNDER	Days Hours Min.
108	ing most of worki	WHITE   W ION (Cive kind of work done ing life, even if retired)	INDUST		11. BIRTHPLACE ((	County & State, or fore	C	ITIZEN OF WHAT OUNTRY?
13.	NURSE FATHER'S NAM	E	U.S. A	RMY, RET.	14. MOTHER'S MAI	ON, D.C.	1 0.	S.A.
15 (Ye	s, no, or unkown)	S. CLINE EVER IN U.S. ARMED FORCES (If yes give war or dates of servi WWII & KOREAN	ce)		MARY BRI INFORMANT INICAL RECOF		Address	DDV DATAM M
	18. CAUSE DF	DEATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	se per line for			US; VA HO	SKILINI, FE	INTERVAL BETWEEN ONSET AND DEATH  10 days 2 weeks
	Conditions, If a gave rise to cause (a), st underlying caus	immediate ating the DUE TO	Bronch	ogenic ca asis to l	rcinoma, ri iver	ght lung	with	Unknown
CERTIFICATION		ICNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION	CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
	20a, ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING  NC CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (Enter nature o	of Injury In Part I or	Part II of Item 18	3.)
MEDICAL	20c. TIME OF I Hour a.m p.n		While Nat work		LACE OF INJURY (Home, f tory, street, office bldg.,	etc.)		unty) (State)
	21. I certif	that XIX (this hospital) teased alive on Feb.	attended the	deceased from_ 19 <sup>66</sup> , and th	ATTENDING DATES	MED. ST	e causes and on t	the date stated above.  DATE SIGNED
238	REMOVAL (Spe REMOVAL)	ATION, 23b. DATE THER CITY)	00	NAME OF CEMETE	Crematory	Suith		unty (State)

ADDRESSFALLS Church REC'D BY REGISTRAR 25b.

N. Wash. St., VADATE EB 16 1966

VR AI5 (4) 20M 1/65

24. FUNERAL DIRECTOR W. S. Co

Pearson's Funeral Home,

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to form 177, I will all the state of the sta Pearson's Funeral Home, Walling Wann, st. . Washington Land

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, is now carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1226 CERTIFICATE OF DEATH

VA Hospital    Cooper   First   Middle   Last   4. Date   Month   Day   Year   DECASED   Type or print)   Lloyd   Lloyd   Last   4. Date   Month   Day   Year   DECASED   Type or print)   S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   LO-29-95   9. AGE (in years   Fundamental   Lo-29-95   Months   Days   Hours   To year birthday)   Months   Days   Hours   To year birthday   To year bi	/ /						1	/		-
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Perry Point 35 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) VA Hospital  3. MAME DF DECASES  4. DATE DECASES  4. DATE DECASES  4. DATE DEATH DECASES  5. SEX WA Hospital  5. SEX WA Hospital  5. SEX WA Hospital  6. COLDR OR RACE 1. MARRIED 16. SEX Male DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 10-29-95  7. SEX Male DIVORCED DIVORCED DIVORCED 10-29-95  7. SEX Male DIVORCED DIVORCED 10-29-95  10. SEX MORE RETIRED COOPET DEATH PEDTURRY 27  18. DATE OF BIRTH PEDTURRY 27  19. ACE (in years   IF UNDER 1 YEAR)   UNDER 1   DIVORCED DIVORCED DIVORCED 10-29-95  11. SERTHPLACE (County & State, or foreign country) 12. TITZEN DEVELOR DEATH NAME COCIL C. COOPET  13. FATHER'S NAME COCIL C. COOPET  14. MORER'S MAIDEN MAME COCIL C. COOPET  15. WAS DECASED EVEN IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WI I CHARLES DEVELOR DIVORCED DIVORCED 18. MORER'S MAIDEN MAME COCIL C. COOPET  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  COCHIERS SERVED SEX ON THE SEX ON THE DIVORCED DUE TO CONDITION (COUNTRY)  COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED BY: DUE TO COCHIERS SEX ON THE SEX ON THE DIVORCED COLOR SEX ON THE SEX	a. COU	NTY		MARYLAND	a. STATE	_		NTY		ore admission)
Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strest address)  VA Hospital  3. MAKE OF HOSPITAL OR INSTITUTION (if not in hospital, give strest address)  VA Hospital  3. MAKE OF DECASED (Type or print)  5. SEX  Male  White  Whole  White  Whowed  Divorced  1. Cooper  1. ACCIDENT  PEATH February  27 196  S. SEX  Male  White  Whowed  Divorced  1. Days Hours  Yes  1. Days Bell I was a Funder i Year Problem  Or working life, sever in February  Was Claim is to the february  Machinist  Retired  Cecil County, Manyland  1. MOTHER'S MABIEN NAME  Cecil C. Cooper  1. MOTHER'S MABIEN NAME  Cecil County, Manyland  1. MOTHER'S MABIEN NAME  County, Manyland  1. MOTHER'S MABIEN  County, & Sale, or faceign county)  1. Mother's Mallen NAME  Explain The Manyland  1. MOTHER'S MABIEN  County, Man	b. CITY	OR TOWN (if outside corpora	ite limits,				corporate limits, w			earest town)
VA Hospital  3. NAME DE DECEASE OF STATE S	Pern	cy Point		35 days	Charlest	town			07-	-/
3. NAME OF DECASED ILOYA OF PINT.  1. COOPER DEATH FEDTUARTY 27 1968  5. SEX G. COLOR OR RACE 7. MARRIED 1 1. COOPER DEATH FEDTUARTY 27 1968  5. SEX MALE WIDOWED DIVORCED 1.0-29-95 7. SEX MALE WIDOWED DIVORCED 1.0-29-95 1. SEX MALE WIDOWED 1. SEX			ON (if not In hos	pital, give street addres	d. STREET ADDRESS	S				RESIDENCE N A FARM?
Decrease   Copper   Death   February 27   1900	VA I	Mospital							YES	No X
S. SEX   G. COLOR OR RACE   7. MARRIED   N. NEVER MARRIED   S. DATE OF BIRTH   9. AGE (in years   FUNDER   YEAR   FUNDER   Days   Hours   Days   Days   Hours   Days   Hours   Days   Days   Hours   Days   Hours   Days   Hours   Days   Days   Hours   Days   Hours   Days   Days   Hours   Days   Days   Hours   Days   Days   Hours   Days   D	DECEAS	SED			Last	DF				Year
DIVORCED DIVORCED DIVORCED DO-29-95 TO STIRTUNG Months Days Hours yes.  DAL USUAL DECURATION (Give kind of work done during most low owking life, even if retired)  DIVORCED DIVORCED DIVORCED STATE OF MACHINIST MONTH MACHINIST MOUSEN' MACHINIST MO						DE			•	
DB_USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   DB_KIND OF BUSINESS OR INDUSTRY   LIBERTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   LIBERTHPLACE (County & State, or foreign country)   13. COUNTRY?   LIBERTHPLACE (County & State, or foreign country)   14. MOTHER'S NAME   Cecil County & Maryland   LiberthPlace (County & State, or foreign country)   14. MOTHER'S MAIDEN NAME   Cecil County & Maryland   LiberthPlace (County & State, or foreign country)   LiberthPlace (Country & State, or foreign country)   L			11				Jast birthday)			
INDUSTRY   Retired   Cecil County Maryland   U.S.A.     13. FATHER'S NAME   Cecil Cooper   14. MOTHER'S MAIDEN NAME   Cecil Cooper   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes) the war of dates of service)   220-22-0281   VA Hospital Records, Perry Point Md.   PART I. DEATH MAS CAUSED BY:						County P. C.		W)   12 CI	TIZEN OF V	VHAT
13. FATHER'S NAME  Cecil C. Cooper  15. WAS DECEASED EVERINUS, ARMED FORCES? (Yes, no, or unknown) (lityes pire war or dates of service) Yes Will  16. COURSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Cerebro Vascular accident  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY:  Cerebro Vascular accident  19. WAS DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a)  20a. ACCIDENT WAS UNDERLYING COUNTY BY WAS DUE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19. WAS DECEASED BY COUNTY OF THE PART I. (C)  21. I Certify that in (Thick Doubles) at work	during mos	t of working life, even if retire	ed) INE	DUSTRY		100		CO	UNTRY?	THAT
Cecil C. Cooper  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or uniform) (If yes pire war of dates of service) 220-22-0281  VA Hospital Records, Perry Point, Md.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE DBY: Cerebro Vascular accident  DUE TO Condition, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. O'R CONTRIBUTING CAUSE O'P.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. O'P. WAS AUT  20. ACCIDENT WAS UNDERLYING ACCIDENT ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT ACCIDE	13. FATHE			Rectred	Lecll Cou	IDEN NAM	Maryland	1 0	J.A.	
15. WAS DECEASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown) (County) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Ityes pine war or dates of service) (Yes, no, or unknown) (Yes,										
Yes   No. or unknown   (If yes gire war or dates of service)   220-22-0281   VA Hospital Records, Perry Point, Md.			DRCES?   16. S	OCIAL SECURITY NO.   12	7. INFORMANT	V - 14)		SS		
18. CAUSE DF DEATH LENter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate (a)  DUE TO  Conditions are rise to immediate (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (b)  DOES CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Da. ACCIDENT WAS UNDERLYING WHILE AND A COURSED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  STATEMORY (City or town) (County) (SI  ACCIDENT WAS AUTHORS (SI)  A THOUGH AND THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II OF THE TORS (TAND OF	(Yes, no, or	unkown)   (If yes give war or dates	of service)			Da				
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Underlying cause last.    Cc    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   Country   Co	gave	rise to immediate								
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21. I certify that (1) (MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		NTRIBUTING IT CAUSE OF DEA	TH	SCRIBE HOW INJURY OC	CURRED. (Enter nature	of Injury I	n Part I or Part II	of Item 18.)		
21. I certify that (1) (The Nospital) attended the deceased from 1-23-00, 19, to 2-27, 1900 X X X X X X X X X X X X X X X X X X	ZDc. 1	lour a.m.	While -	- Not While - fac	LACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20 etc.)	f. (City or town)	(Cour	nty)	(State)
XSWATEN OF COUNTY OF CREMETERY OR CREMETERY		I certify that (1) (this hos	attended	the deceased from_	1-23-66	19	to 2-27	1966	_3 <del>763</del> 7	PERSONER.
22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  MARCIO PINHEIRO, M.D.  23d. BURNAL CREMATION, 23b. DATE THEREOF  23c. PHYSICIAN'S VA HOSPITAL, Perry Point, Maryland  23a. BURNAL CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATION (City fown or county) (Statement of the county)  23d. DATE THEREOF  23d. DATE THEREOF  23d. NAME OF CEMETERY OR CREMATION (City fown or county) (Statement of the county)					nat death occurred at.	5 p.M.	from the causes	and on th	e date st	ated above.
22c. PHYSICIAN'S NAME (Type)  MARCIO PINHETRO, M.D.  22d. ADDRESS  VA Hospital, Perry Point, Maryland  23a. BURAL, CREMATION, 23b. DATE THEREOF  23c. RAME OF CEMETERY OR CREMATION  23d. LOCATION/City fown or county (Sta	22a.	SIGNATURE	0. 1.	0.11.0	ATTENDING	MED	STAFE	22b. DA	TE SIGNE	
NAME (Type) MARCIO PINHEIRO, M.D. VA Hospital, Perry Point, Maryland  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City fown or county) (Sta	200	Waren-	mun	Level)	I.D. PHYS.		R PHYS.	2	27/6	06
1 hipsel 131-3-1766x Easterson (and) ( hastersown, Marison		NAME (Type) MARCIC	PINHEL	RO, M.D.	VA Hosp	ital,	Perry Po	int, Ma	rylan	d
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 2120

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	112401			CERTII	ICAIL				():	115	8
	. PLACE OF DEATH					2. USUAL RESIDENCE ( o. STATE	(Where dec	eosed lived, if institut b. COU		e before	odmission)
	o. COUNTY Ceci			MAR	YLAND	Maryl	and		Ceci		
	b. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY		c. CITY OR TOWN (If o	utside corp	orate limits, write RU	RAL ond give	neorest	town)
	Write RURAL on	d give neorest town)		2 wks		Elkton		R	D	07	_ /
1		TAL OR INSTITUTION (If no	ot in hospitol, o	ive street oddress)		d. STREET ADDRESS			1.0	e.	IS RESIDENCE
1	Unio	n Hospita	1			Elk Ra	nch	Park			ON A FARM?
-	. NAME OF	Fi	rst	Middle		Lost	4. DAT		th	Doy	Year
	(Type or print)	Elizab	eth	p		Cougle	OF DEA	TH Februs	ער פר	5	19 66
-	. SEX	6. COLOR OR RACE		NEVER MARRIE	рПІ	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		F UNDER 24 HRS.
1	Female	White	WIDOWED	DIVORCE		Feb. 22.	1913	last birthdoy) 52 yrs.	Months	Doys	Hours Min.
		N (Give kind of work done	10b. KI	ND OF BUSINESS OR		1 11 BIRTHRI ACE (County			12. CIT	IZEN OF V	VHAT
0	luring most of working	life, even if retired)	Be.	Telepl	nane	Pennsyl	*******	0	TJ	INTRY?	
1	Instruc  13. FATHER'S NAME	601,	100.	10100	10110	14. MOTHER'S MAIDEN		a		U e Z X e	
	Tamo	with Drawers				Amand	0 1110	+ 0			
-		nk Brown ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	1 17 1	NFORMANT	a la	Addr	228		
	(Yes, no. or unknown)	(If yes give wor or dotes of	of convice)	76-20-13			0000	7 - 7771=4		77.3	D D
-		F 1711 / 5			J4	Leroy G.	Coup	Te, BIK	OH, .	Md.	K.D.
	PART I. DEA	EATH (Enter only one cau TH WAS CAUSED BY:	4.		-0	0 , 0					VAL BETWEEN T AND DEATH
	11201	IMMEDIATE CAUSE		yocarde	af	Infarct	w			-1	wh
	Conditions, if ony	DUE		7	-	1		1 - 0		2	
	rise to immedia	te couse (a)	(b) _ Q	renos	eles	de con	cran	ocen	3	9	yes
	stoting the unde	erlying couse DUE	10					0	J - 14	1100	
	lost.	,	(c)		4-5	115 -5-11111 -1-5165 6-		Wife, W. Babe 37.		I 10 14	/AS AUTOPSY
3	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING I	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART I(0)		P	ERFORMED?
6	5	d'u	weter	mell	itus	8 00	esil	4		YES	NO 🔀
	200. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or I	Part II of item 18.)			
		MEDICAL EXAMINER)									
1	20c. TIME OF INJ	URY Month, Doy, Yeor		JURY OCCURRED		E OF INJURY (Home, for ory, street, office bldg., etc		f. (City or town)	(Cou	nty)	(Stote)
1	p.	m. 19		Not While of work							
	21. 1 cert	ify that (I) (this has	spital) attend	ded the deceased	fram	1962.	19	to Dul	5, 196	6 tha	t (I) (we) last
		leceased alive an_	2 -	5 1966,	and that	death accurred a	121	M, fram causes			
	220. SIGNATURE	11 11 1	1			ATTENDING 📈	MED.	STAFF -	22b. DA	TE SIGNED	
	1	ellefor	1 21	spe	J.M	). PHYS.	DIRECTOR	PHYS. L	1 2	8	06.
	22c. PHYSICIAN'S NAME (Type		2 7	1		22d. ADDRESS 327 F	7/10	in Ct 1	Town	le T	207
		1122220		088				in St, I			
	230. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEM			23d.	LOCATION (City for To	wn)	(County)	(Stote)
	Burial Burial		6	Media, C	emet			Media,	Pa.		
	24. FUNERAL DIRECTO	Salph	69	ADDRESS	/		D BY REGI		GISTRAR'S SI	479	
	Hicks	Home for	Funer	als. Ell	cton.	Md . DATEL	0 14	1966	navel	D Ju	dge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physicion.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and a

VR A15 (4) 20 M 1/66

completely filled in by the funeral ve carbon popers. Pages 1 ord 2 event, within 72 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH

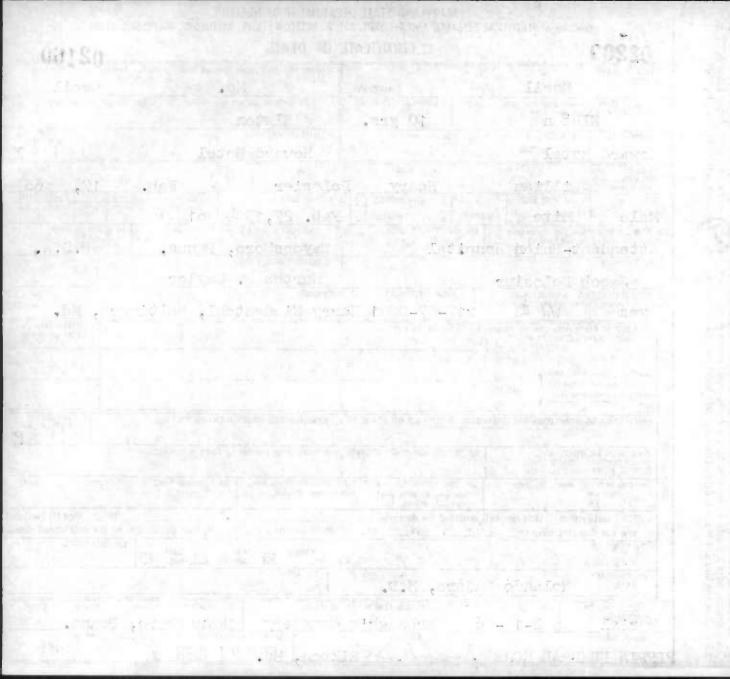
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o COUNTY h COLINTY Cecil Md. Cecil MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside corporate limits write RURAL and give peorest town) Vrs. Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Howard Hotel Howard Hotel YES NO X 3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF DEATH William Henry DeLosier Feb. Type or print S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER 7. MARRIED NEVER MARRIED birthdoy) Months Hours Days Male White WIDOWED DIVORCED Feb. 27.1904 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even it retired)
Attendant—Union Hospital COUNTRY? Waynesboro, Penna. 14 MOTHER'S MAIDEN NAM 13 FATHER'S NAME Martha E. Saylor Jacob DeLosier 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates of service Harry Niedentohl, Baltimore, Md. yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, affice bldg., etc.) Not While at work of work . 1966, ta 1906, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1966, and that death accurred at 1:15 P M, fram causes and an the date stated above. saw the deceased alive an \_ \_ \_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS Rolando Najera, M.D. NAME (Type OS- E. MAIN 57. KTUN MA. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 2-119-66 Harbaugh's Cemeterv Waynesboro. Penna. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

deoth. **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. funeral s I and by the rum. Poges 1 ve corbón popers. Poges 1 event, within 72 hours after .⊑ filled i ove attending physnermit. Then F or removal cremation, signed by the buriol-transit p the Poge 4 may be retoined by the hospitol or ottending physician. burial. as the prior to hos been use State Dept. of Health certificote for detached TO FUNERAL DIRECTOR: After this 3 should by with the S director, poge 3 should be filed v

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, xecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 in director. Page 4 should retained for your files. TO DEPUTY MED please execute

2

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Place of Death

Place of Death

		OFILLIANIE OF DEVILL	117111
1. PLACE OF DEATH a. COUNTY Cecil		2. USUAL RESIDENCE (Where deceased lived, If Insti a. STATE b. COUNT	γ
	MARYLAND	Maryland	Cecil
b. CITY OR TOWN (if outside corpored write RURAL end give nearest tow North East	te ilmits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	e RURAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTIO	ON (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Near home - Rt. 272,		Box 195, Rt. 272	ON A FARM? YES NO X
3. NAME OF FIED DECEASED	rst Middle	Lest 4. DATE Month	Day Year
(Type or print) CABI	EL MARTIN	DICKENS DEATH Februar	y 9 19 66
5. SEX   6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS
Male White		May 22, 1922 43 lest birthday) N	
1De, USUAL OCCUPATION (Give kind of work during most of working life, even if retired Truck Driver	done 10b. KIND DF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (Stete or foreign country) Ashe Co. North Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1214115501 04 01011	1 14. MOTHER'S MAIDEN NAME	
Emanuel Dicker		Sarah May	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, po, or unkown) (If yes give war or dates of		INFORMANT Address R.D. 2 North	Box 195
18. CAUSE OF DEATH [Enter only one	a ceuse per line for (a), (b), and (c), 1	NOTEIL	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Shotoun Hound of U	fead.	ONSET AND DEATH
981 Y IMMEDIATE CAUSE	(0)		
Conditions, if eny, which }	10		
geve rise to immediate	(b)		
cause (e), stating the DUE	10		
	(c)		
PART II. DTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTDPSY PERFORMED? YES X NO
PART II. DTHER SIGNIFICANT CONDITION  20a. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, 10	2Db. DESCRIBE HDW INJURY OCCU Shot in he	RRED. (Enter nature of injury in Part I or Part II of	Item 18.)
20c. TIME OF INJURY Month, Day,		CE DF INJURY (Home, farm,   2Df. (City or town)	(County) (State)
Hour Mixix 2/9	feeto	ry, street, office bidg., etc.)	
p.m. 219	66 While Not While X	House   North East	RECIL MD
21. I certify that I took charge	of the remains described above, hel	d a <u>n Autopsy X</u> , Inspection, Inquir	y, and in my opinion
death resulted from: Natural	causes, Accident, Sui	cide , <u>Homicide</u> , Undetermined m	nanner 🗌
0/	1/-	CHIEF MEDICAL EXAMINER	
SIGNATURE (Charle	e l'eg	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	0	DEPUTY MEDICAL EXAMINER	2/10/66
NAME (Type) Charles S.		Address (Street, city, town, or county)	
23a. BURIAL, CREMATION, 23b. DATE T REMOVAL (Specify) 2/15/66 Burial	North East Me	3.5	n or county) (State)
24. FUNERAL DIRECTOR Grant Funeral Mone	ADDRESS		ISTRAR'S SIGNATURE
(aul)	North East.	Md. DATE B 14 1966 200	carles Judge

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CONTRACTOR OF SECTION ALLE THE SHOPE STATE OF THE SECOND SE Truck Private Contraction and relations of the contraction of the cont 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02213	8	CERTIFICAT			0.2	169	)	
1. PLACE DF DEA	TH Secil	MARYLAND	a. STATE PE	NCE (Where deceased I	b. COUNTY		1	
b. CITY OR TO write RURA Perry Po	WN (if outside corporate link and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write RURA	L and give	e nearest	town)
	ospital or institution (i	not in hospital, give street address)  nt, Maryland	d. STREET ADDRES	17th St.,		θ.	ON A FA	
3. NAME OF DECEASED (Type or print)	GEORGE First	RAYMOND Middle	DOWNES	4. DATE DF DEATH	Month 2	Day 1	Year 19	66
5. SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	9-6-85	80	(In years IFUNDE birthday) Months yrs.	Days	Hours	Min.
during most of wor	ATION (Give kind of work done rking life, even if retired) <b>river</b>	10b. KIND OF BUSINESS OR Construction		(County & State, or fore nd (Talbert		CITIZEN C	USA	A
13. FATHER'S NA HENRY S.	DOWNES		14. MOTHER'S M. FLOREN	CE BROWN				
15. WAS DECEASE (Yes no, or unkown)	DEVER IN U.S. ARMED FORCE (If yes give war or dates of ser	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT Hospital R	ecords, VA	Address I, Perry I	oint	, Md.	
	F DEATH [Enter only one ca DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and (c). Congested edema	in lungs			INTER ONSE 3-	ET AND D	WEEN EATH Y8
	DUE TO (b).	Arteriosclerotic	heart di	sease		un	know	n
cause (a), underlying ca	use last. (c)	Arteriosclerosis	s, general	ized			know	
PART II. OTHER	RSIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	AL DISEASE CONDITION	I GIVEN IN PART 1(a	,	WAS AUT PERFORM	
2Da. ACCIDEN OR CONTRIBU (IF EITHER, N	IT WAS UNDERLYING ☐ ITING ☐ CAUSE OF DEATH IOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Part 1 o	r Part II of Item 1	8.)		
20c. TIME 0 Hour	F INJURY Month, Day, Yea	I 2Dd. INJURY OCCURRED 120e. PLA	ACE OF INJURY (Home ory, street, office bldg	e, farm, 20f. (City o	r town) (C	ounty)	(S	tate)
21   000	life that A (this basnits	l) attended the deceased from, and tha	1-27	19 38, to 2-	e causes and on	the date	stated	above
22a. ÆTGNAT	hier Ma	bnerd. M.	D. ATTENDING	MED. ST	ELU.	DATE SIG	MALD	
22c. PAYSIC NAME		HVERDI, M.D.	VAH ,	Perry Poin				
REMOVAL (				Ral+	imore, I		(Sta	ate)
24. FUNERAL DE		ADDRESS ADDRESS	25a.	REC'D BY REGISTRAR	25b. REGISTRA	R'S SIGN		
Patter	son Funeral	Home, Perryville,	Md. DATE	- B 9 1966	Milian	Per Va	udas.	-

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rage 4 may be retained by the hospital of attending physician.

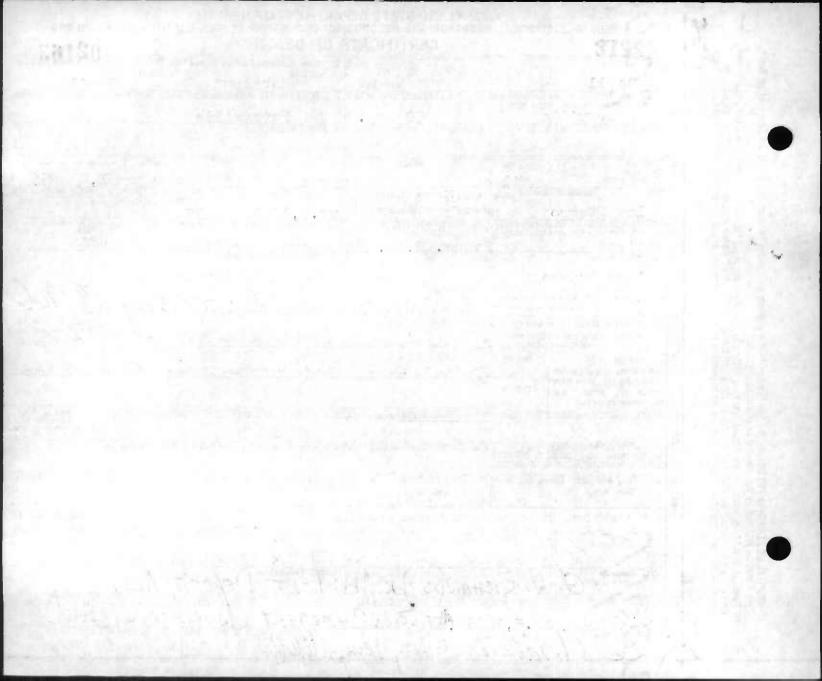
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02212

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence thefore admission) a. STATE b. COUNTY
Cecil	Maryland Cecil
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH	OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Perryville 50	Downs 13.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	O yrs. Perryville 07-/ street address) d. STREET ADDRESS e. IS RESIDENCE
u. NAME OF HOSPITAL OR INSTITUTION (IF not in nospital, give	ON A FARM?
	YES NO S
3. NAME OF FIRST MI	ddle Last 4. DATE Month Day Year
(Type or print) Wilson	Dupree Death February 1, 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   X NEVER	MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male Negro WIDOWED I	DIVORCED Aug. 9.1890 75 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSI	NESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	B South Carolina USA
Retired Penna R	R. South Carolina USA
Simon Dupree	Manda Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTION (Yes, por, a) unknown) (If yes give war or dates of service)	JRITY NO. 17. INFORMANT
My ankene	Wor this Wilson Dupiel, Jenwille, Mos
18. CAUSE OF DEATH [Enter only one cause per line for (a), (t	o), and (c).]
PART I. DEATH WAS CAUSED BY:	pa Voscolon Masilar ONSET AND DEATH
IMMEDIATE GROSE (a)	Rollocation
DUE TO HILL	at Colon Vacant Bad lave
Gonditions, if any, which gave rise to immediate	Sivi Coste of Color Chisto 10/2
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT	YES NO X
20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	OW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour a.m. p.m. 19 at work at work	RRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   112   123   124   125
Hour a.m. While Not Wh	
21. I certify that (I) (this hospital) attended the dec	eased from OCF 18, 1955, to 561, 1966, that (I) (we) last
	, and that death occurred at M, from the causes and on the date stated above.
22a. SEGNATURE	
(// Restrances /	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	1 22 BODRESS OCCUPANT
G, H, KICHARD	KKING TORT DEPOSIT, TICK,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	E OF CEMETERY OR CREMATORY 230 LOCATION (City, town or county) (State)
Burial Feb. 5. 1966 Att	LION EMETERY Helden Mas
	RESS 1 125a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Vec 1. Tottersants	n TennylikaFEB 9 1966 Pelianles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. ~ (1)	9	0221	3		CERTIFIC	CATE OF	DEATH			0216	4
funeral 1 and er death		PLACE OF DEATH     a. COUNTY	Cecil		MARYLA	[ a.	SUAL RESIDENCE (V. STATE Mary		ed, if institution: b. COUNTY	Residence before o	
ly filled in by the funeral oon papers. Pages 1 and 2 within 72 haurs after death		write RURAL o	(If outside corporate limind give nearest tawn)  Kton  ITAL OR INSTITUTION (If n		c. LENGTH OF STAY IN  30 Yrs give street address)		TY OR TOWN (If our Elector		its, write RURAL o	ond give nearest to	
filled in papers.	:/	Unio	n Hospita	l. Elk	ton.Md.		222 W	Main	St	YES	
ed with pletely fi carban ent, with		3. NAME OF DECEASED (Type or print)	William	irst	Middle F. En	wrigh	Last +	4. DATE OF DEATH	Manth	Day	Year 19 66
e executed with and completely femaye carbar riday event, wi		S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATI	E OF BIRTH \$23/18	1 1 4		inths Days	UNDER 24 HRS. Haurs Min.
ertificate be e physician and ten please fe aval, and ind		during most of working	ON (Give kind af wark dane g life, even if retired) ctor Reta	- IN	ND OF BUSINESS OR IDUSTRY  Plast	er	Delaw. MOTHER'S MAIDEN N	are	ountry)	12. CITIZEN OF W COUNTRY?	А
that the death certific an. by the attending phys transit permit. Then p crematian, ar remaval,		H 1S. WAS DECEASED E	gh J Env FR IN U.S. ARMED FOR CES? (If yes give wor or dates		SOCIAL SECURITY NO.	17. INFORM	Sarah	A. Cal	Ad532	W. Mai	
requires that the death certificate be executed within 24 haurs after death physician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please femaly earban papers. Pages 1 and 3 burial, crematian, ar remaval, and in any exent, within 72 haurs after death		931			(ā), (b), and (c).)	SV	A.	4	1 , λ		AL BETWEEN AND DEATH
e law requires tending physicic as been signed as the burial-t priar ta burial,		Conditions, if or nise to immedi stoting the und last.	ate cause (a), lerlying couse	(b) (c) (c)	Erebul V	os cus	In Solesion	leson	AHD:	13	Tues ?
AN: The I al or after icate has for use as Health pri		PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN F	PART I(a)	19. W. PE YES	AS AUTOPSY REORMED?
a de la je		OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	/20b. DE	SCRIBE HOW INJURY OCCI	URRED. (Enter r	noture of injury in F	Part I ar Part II af	item 1B.)		
by the hospy the thospy the this certified be detached State Dept.		물 Hour	JURY Manth, Day, Yeor i.m. j.m. 19	While	Nat While		NJURY (Home, farm eet, affice bldg., etc.)		or town)	(County)	(Stote)
Ped Sed			tify that (1) (this ho deceased alive an_		ded the deceased fr	ram nd that deat	h accurred at	962, ta_6 6P_M, fro	m causes and	on the date :	
OR ATTER be retaine DIRECTOR: ge 3 shault led with th	1	22o. SIGNATUR	1/2/	1/1/1 1/1/1/1	1	M.D. Pl		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED	16.
		22c. PHYSICIAN NAME (Ty)		AVR	AKIS 1	4) 2	22d. ADDRESS	ELMI	en//	44	
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fit	3	230. BURIAL, CREMA REMOVAL (Speci Buri		IEREOF	23c. NAME OF CEMETE Tmmaculat	Market Street	cention	Elkto	N (City or Town)	(County)	(State) Md
VR A15 (4)	0	24. FUNERAL DIREC		BI	ADDRESS	+ 5	2Sa. REC'D	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATURE	1.0

THE REPORT OF THE PARTY OF THE 13830

20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO

19 66

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

SIGNED

22b. DATE

(State)

Co.

Year

Dev

U.S.A.

(County)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funeral after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Cedi 1 Md. MARYLAND by the Pages aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Galena. Cecilton .= bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS filled within etely carbon 3. NAME OF First Middle DATE Last 4. DECEASED Franklin Focwell 1 compl (Type or print) Dennis DEATH executed 5. SEX DATE OF BIRTH 6. COLOR OR RACE ove 7. MARRIEO NEVER MARRIED May.11.1927 WIDOWED DIVORCEO T Male White 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? pe during most of working life, even if retired) INOUSTRY and Parts Manager Farm Machinery Md. physic certificate a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Pearl S. Ford. Robert L. Fogwell, Sr. 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT death Robert L. Fogwell. Jr. 217-30-7988 No. the been signed by the the burial-transit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the Acute coronary occlusion PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Syncope , convulsions and DUE TO Conditions, If any, which of food (b) gave rise to immediate DUF TO cause (a), stating the has be as the underlying cause last. The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate calcareus disease of kidneys. 20a. ACCIDENT WAS ONDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached fo PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING py be at work p.m. 19 retained 1966 to8 0 Sept Feb 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_ DIRECTOR: age 3 should led with the 19.66, and that death occurred at 10:10 Compthe causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. . page ATTENDING M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL ADDRESS director, p PHYSICIAN NAME (Type) Cecilton, Md. 21913 Wallace Obenshain. M.D. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. Burial (Specify) 01 Feb. 11, 1966 Galena Cemeterv Galena ADDRESS REC'D BY REGISTRAR I 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO X Month Oay 8, February 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours U.S.A. Address Galena, Md. 21635 INTERVAL BETWEEN ONSET AND OFATH aspiration 15 min 19. WAS AUTOPSY PERFORMED? NO -(County) (State) 23d. LOCATION (City, town or county) (State) Md. Kent Co: 25b. REGISTRAR'S SIGNATURE

Kent.

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## FOR STATEM HEALTH DEET.

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TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-fransit permit. File pages and 2 with the State Department of Health or its designated agent, prior to buriol, cremation, or removol, and in ony event within 72 hours after death. 5 moy be retained for your files.

necessory, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

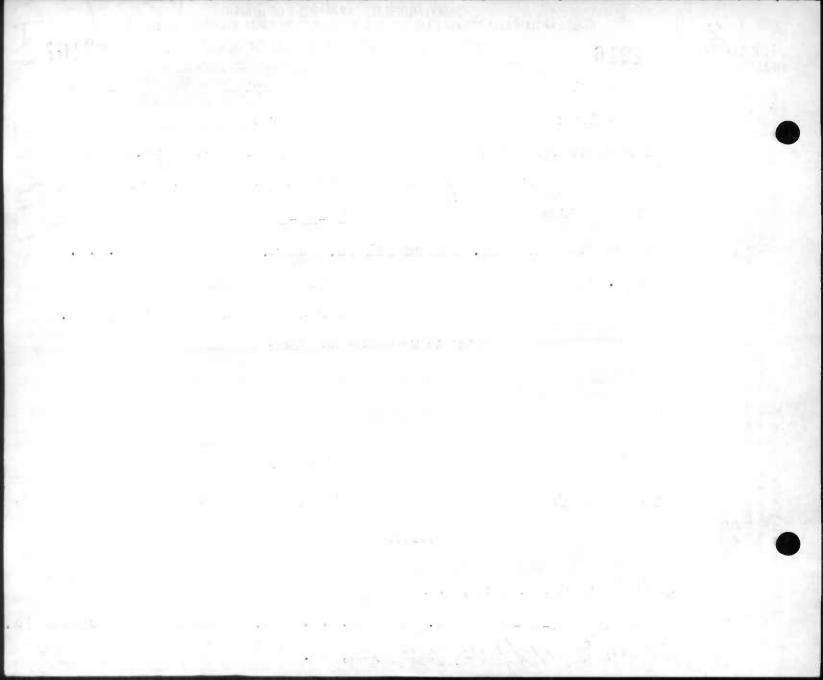
This certificate should be executed within 24 hours after deoth. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

022	16	MEDICAL EXAMINER			02167
PLACE OF D     O. COUNTY			2. USUAL RESIDENCE (Whe		itution: Residence before odmission/ OUNTY
0. (00,111)	Cecil	MARYLAND		and	Talbot
b. CITY OR 1	OWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporote limits, write	RURAL ond give neorest town)
WITTE KO	RAL and give negrest town) Calvert		Easto	n	20-2
d. NAME DF	HOSPITAL DR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
State	Routes 273 and	272	21 S.	Hampton St	reet YES NO
3. NAME OF	First	Middle	Lost 4		lonth Doy Year
(Type or pri	JOHN	STEWART	GARVER, Jr.	OF Febr	uary 20 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24
Male	White	WIDOWED DIVORCED	10-15-1933	lost birthdoy) 32 yrs	5.
	JPATION (Give kind of work done vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Servi	e Station Ma	ing. Texaco Oil	Co. Penna		U.S.A.
13. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAM	AE .	
John S	G. Garver		Florence	Sellers	
1S. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Ac	ddress
(Yes, no, ar unk	nown) (If yes give wor or dotes of s	service)	Florence Co	3low- De	modi-e De
10 CAUSE	E OF DEATH (Enter only one couse	past line for (a) (b) and (d)	Florence Se	ILLEIS Pa	INTERVAL BETWEE
	I DEATH MAK CAHCED DV	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i - Turiumi		ONSET AND DEAT
9	/ /_ U	Multiple Traumat	ic injuries.		
Conditions	DUE TO	)			
rise to imi	, if ony, which gove ) (b				
stoting the	e underlying couse DUE TO	)			
last.	) (c	)			
PART II. O	THER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES 3 NO
≥ 20o. EXTE	RNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Port	I or Port II of item 18.)	
PRIMARY E	S or CONTRIBUTING □	Driver in 3 can		,	
₹ 20c. TIME	OF INJURY Month, Doy, Yeor	20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form,	20f. (City or town)	) (County) (Stot
	our o.m.	While - Not While -	factory, street, office bldg., etc.) Highway	Calvert	Cecil M
21. 1	certify that I taak charge	af the remains described above	, held an Autapsy 🔀 ,	Inspection , Ir	nquiry , and in my api
		4	Suicide . Hamicide	Undetermined	
	@ /		CHIEF MEDICAL EXA		
ACTUAL SIGNATUR	· ( balla.	I felly.	M.D. ASSISTANT MEDICAL		22. DATE SIG
EXAMINER			DEPUTY MEDICAL E		2/20/66
NAME (Ty		etty, M.D.		ty, town, or county)	
23o. BURIAL CF	REMATION, 23b. DATE THERE			23d. LOCATION (City or	Town) (County) (Stote
REMOVAL	(Specify)	6 St. Johns		Paradise	, , , , , , , , , , , , , , , , , , , ,
24 FUNERAL D		ADDRESS	2So. REC'D BY		Lancaster REGISTRAR'S SIGNATURE
Done !	a S MAA	4 ///	LED	2 3 1966	Milarles Judge
DU FF CA	26/11/11/	wille, Rising Su	in, Md. DATE D	DOOL O	I was freely

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O DEPUTY ME

20f. (City or town) (County) (State) Calvert Ceci1 Md. CTOR: Page designated Inquiry and in my ppinion FUNERAL DIRECTOR: Health or its design death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER Page 4 for vour ACTUAL ellu 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 2/20/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Charles S. Petty, M.D NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 101 2-24-66 rial Johns Cem. Paradise Lancater FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR I VR ALSME (5) Rising Sun. Md. 5M 1/65

Talbot

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12. CITIZEN OF WHAT S A

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e. IS RESIDENCE ON A FARM?

Yeer

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Houra

Pa.

19.

YES

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO X

NO S

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TISIO NA CAR ROTER por endelega not take . If . one dome the company of t general state of the state of t the state of the second of the second . Andreille von 10 på morabeted i 1900 men de 1900 men .ot persent the organization is .l.H mile, St. 7 Col-1 Coccell All Market Contract on 123. Et 21-

# FOR STATE any delay is 18. Give Pages 1, 2, and 3 ta along with farm PM3. Page

with the State Department of Health or its designated agent, priar ta burial, crematian, or removal, and in any event within 72 haurs after death 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward "pending" in pencil in Item the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Offi

in pencil in Item

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	A2218	MEDICAL EXAMINER'S	CERTIFICATE O	FDEATH	02169		
	PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institution: Reside Land b. COUNTY Ta	albot		
	b. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) Calvert	c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)  Easton  2 2 2				
	d. NAME OF HOSPITAL DR INSTITUTION (If not in I State Routes 273 and 2		d. STREET ADDRESS  21 S	. Hampton Street	e. IS RESIDENCE DN A FARM? YES NO		
	NAME OF First DECEASED (Type or print) VIRG	-1 cccrcy	GARVER	4. DATE Month OF February	20 19 66		
		MARRIED TO NEVER MARRIED TO S  IDDWED TO DIVORCED TO S  IDDWED TO S  MARRIED T  M	3. DATE OF BIRTH	9. AGE (In years lost birthday) 28 Yrs.	Doys Hours Min.		
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) HOUSE WIFE FATHER'S NAME	10b. KIND DE BUSINESS DR INDUSTRY WN Home	Penna.  14. MOTHER'S MAIDEN N	or fareign cauntry) 12. (	OUNTRY?		
15.	lalter Pauley WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, ar unknawn) (If yes give war ar dates af serv	rice)	NFORMANT	weimler Address Sellers Parad			
	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gove rise to immediate cause (a), staling the underlying cause  Output  DUE TO  UE TO  C()				INTERVAL BETWEEN ONSET AND DEATH		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. ( Passenger in 3 c	ar collisio	n.			
MEDIC	20c. TIME OF INJURY Month, Doy, Year 12:30 Kek 2/20 1966	20d INJURY DCCURRED   20e. PLAC   While   Nat While   factor   at wark   X Hill	E OF INJURY (Hame, farm, pry, street, affice bldg., etc.) Lghway		ounty) (State)		
	21. I certify that I took charge of death resulted from: Notural co		de , Homicide CHIEF MEDICAL E	Inspection ☒, Inquiry ☐, ☐, Undetermined monner ☐  EXAMINER ☐  CAL EXAMINER ☒	ond in my opinion  22. DATE SIGNED		
	EXAMINER'S NAME (Type) Charles S.		DEPUTY MEDICAL		2/20/66		
E	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2-24-66	St. Johns E	.U.B. Cem		(County) (State)		
(2)	ALMERAL DIRECTOR EMPLE	ADDRESS Rising Sun,	FFD	BY REGISTRAR 25b. REGISTRAR'S 23 1968 Clean	SIGNATURE les Judge		

VR A15ME (5) 6M 1/66

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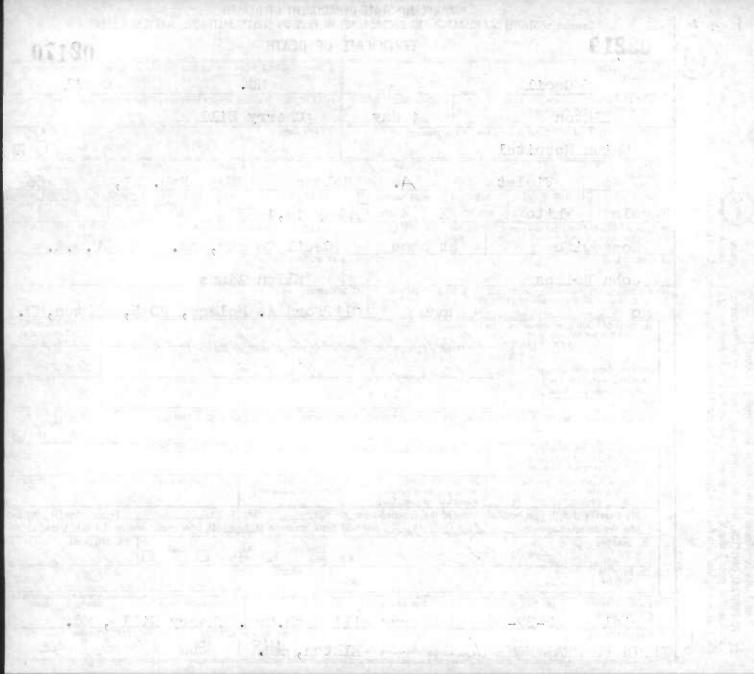
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

022	19	CERTIFICA	TE OF DEATH	er, onermone, manter	02170
PLACE OF DEA     a. COUNTY	Cecil	MARYLAND	a. STATE MC		Y Cecil
b. CITY OR TO write RURA	WN (If outside corporate limits, Land give nearest town) ELKCON	c. LENGTH OF STAY IN 16		tside carparate limits, write RURA Y Hill	AL and give nearest town)
	ospital or institution (if not in h	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Violet	Middle	Holmes:	4. DATE Month OF DEATH Feb.	Doy Year 23, 1966
s. sex Female		ARRIED NEVER MARRIED DOWED NOT DIVORCED	8. DATE OF BIRTH May 14, 188	9. AGE (In years last hirthdoy) 80 yrs.	Months Days Hours Min.
during most of wo Hou	ATION (Give kind of work dane rking life, even if retired) Sewite	10b. KIND OF BUSINESS OR INDUSTRY home	Cecil Con		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA  John	n Holmes			Adams	
1S. WAS DECEASE (Yes, no, or unkno	D EVER IN U.S. ARMED FORCES? own) (If yes give war or dates of servi	(e)	7. INFORMANT Clifford A.	Holmes, RD	5. Elkton, MD.
PART II.  Conditions, it rise to immediate to immediate to immediate to immediate to immediate to impediate t	OF DEATH (Enter only one cause per DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  f any, which gave ediate cause (a), underlying cause  ER SIGNIFICANT CONDITIONS CONTRIL  OF TO (c)  IT WAS UNDERLYING (I)  JUSTING (I)  JUST	BUTING TO DEATH BUT MOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRI	over kni	16 nolames	INTERVAL BETWEEN ONSET AND DEATH   3- Youngs  19. WAS AUTOPSY PER OR MED? YES \( \) NO
GW Hou	F INJURY Month, Doy, Year ur o.m. p.m. 19	While Not While at wark D	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.)		(County) (State)
	ne deceased glive an TURE	attended the deceased from 1966, and the second sec	hat death accurred at	MED. STAFF DIRECTOR PHYS.	nd an the date stated above.  22b. DATE SIGNED
230. BURIAL, CRE REMOVAL (S Buria 24. FUNERAL DIF	Pector 2-27-66	ADDRESS	11 Meth Cer 25g. RECC	BY REGISTRAR 2Sb. REG	
PIPPIN	FUNERAL HOME	Strack Mille I	Elkton, MAN	1 1966 10	rances Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and conditionally filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dycli Poge 4 moy be retained by the hospitol or ottending physicion. VR A15 (4) 20 M 1/66

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FOR STATE HEALTH /DEPT

Department after death. any delay and 3 to an State hours 語 pages in any and File 60 files. YOUr

EXAMINER: This certificate should be executed within 24 hours after death. If any deline certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. permit. removal, a burlal-transit I used as to burial, to 3 should be agent, prior t CTOR: Page designated FUNERAL DIRECTOR: I Health or its design Page 4 DEPUTY ME retained for director. 0 VR ALSME (5) 1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY a. STATE Cecil. MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
Woodlawn c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)

County Dumit, off Rt. 276

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Ceci1 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)

Woodlawn d. STREET ADDRESS

County Dump, off Rt. 276

ON A FARM? NO A Yeer

(State)

Md.

22. DATE SIGNED

2/19/66

12. CITIZEN OF WHAT

COUNTRY?

Ceci1

3. NAME OF First Middle Last 4. DATE DECEASED COY HENRY INSCORE 17 (Type or print) DEATH February 19 66 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | IF UNDER 1 Hours | Min. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Male White WIDOWED DIVORCED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR (State or foreign country) during most of working life, even if retired) NDUSTRY MOTHER'S MAIDEN NAME

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Extreme Incineration by Fire. DUE TO Conditions, If eny, which (b) gave rise to immediate

DUE TO cause (e), steting the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

WAS AUTOPSY PERFORMED? YES X NO

CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fire in house trailer (abandoned bus)

CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year

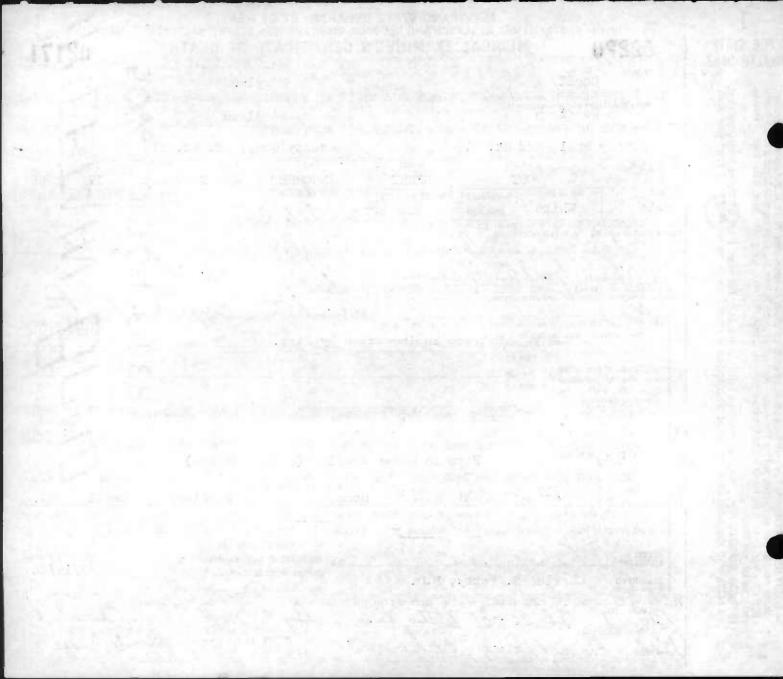
factory, street, office bldg., etc.) Hour e.m. 66 Not While MED Woodlawn Home at work at work

Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident x Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

DEPUTY MEDICAL EXAMINER Charles S. Petty **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

NAME OF CEMETERY OR CREMATORY LOCATION (City town or county BURIAL, CREMATION, 23b. DATE THEREOF 23c. ADORERS REC'D BY REGISTRAR 25b. REGISTRAR'S SI NUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH death. funer PLACE OF DEATH a. COUNTY a. STATE Md. the MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b carbon papers. Pag ent, within 72 hours Chesapeake City Md. .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS Morgan nurseing Home Biddle St. within etely . completely 3. NAME OF First Middla Last DATE 4. DECEASED (Type or print) Addie DEATH Alfree Insolo executed 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH. 888 and ( female White WIDOWED DIVORCED [ physician a 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR pe during most of working life, even if retired) INDUSTRY Delaware certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physical remova William Elizabeath 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attend t permit. 16. SOCIAL SECURITY NO. 17. INFORMANT 10 (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] been signed the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) with senile psychosis DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION for use Health certificate PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) this certif detached for e Dept. of H MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. After - Not While p.m. at work at work P DIRECTOR: age 3 should lied with the saw the deceased alive on.

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheapeake City Md. a. IS RESIDENCE ON A FARM? No X YES Year 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours I 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Lockerman Mrs. James Forwood Chesapeake City Mo INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease unknowN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO M Melena of undetermined cause

| 200b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from Jan. 19., 1966, to Feb. 10., 1966, that (I) (we) last 19.66, and that death occurred at . 30M, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING PHYSICIAN'S NAME (Type) M.D. DIRECTOR 22c. 22d. ADDRESS 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Townsend, Townsend M.E.Cemetery Burial 24. FUNERAL OIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR A.15 (4) 20M 1/65

O FUNERAL

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director, p

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in by the funeral emove carbon papers. Pages 1 and 2 any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicirctor, page 3 should be detached for use as the burial-transit permit. Then the should be filed with the State Dept. of Health prior to burial, cremation, or removal,

VR A15 (4) 15M 4-64

		MARYLANI	D STATE DEPARTMENT OF HE	ALTH
	DIVISION	OF STATISTICAL RESEARCH	AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLANI
	02222	C	ERTIFICATE OF DEATH	02173
1	DI ACE OF DEATH		II 2 HOUAL DECIDENCE /WI	and descreed lived of inchituation) Postations before

1	6666			OLIVIII	IUAII	- OI DEAI	11		11	Z.L	13_	
	CE OF DEATH					2. USUAL RESIDE	NCE (Where o			esidence	before ad	imission)
a. (	Ced	17		MAR	RYLAND	a. STATE	land	b. COU		eci:	1	
b. (			ite limits.	c. LENGTH OF ST		c. CITY OR TOWN		orporate limits, w				t town)
0.00	write RURAL and	f outside corpora	Wn)	Life			yvill				7 /	,
d :		rryville		ospital, give street		d. STREET ADDRES	-	.0		-0/	, IS RES	IDENCE
011				lospital, give sticet	. auui ess)						ON A F	ARM?
		cil Ave	•			Ceci	l Ave	•		Y	ES	NO KU
3. NAI	ME OF CEASED	F	Irst	Middle		Last	4. DATI	E Mont	h	Day	Yea	ır
	pe or print)	The	odore			ackson	DEAT	#Februa		7,	195	
5. SEX	6.	COLOR OR RACE	7. MARRIED	NEVER MARRI	IED 🔲 8	B. DATE OF BIRTH		AGE (In yeers last birthday)	IFUNDER	1 YEAR	Hours	MIn.
Ma	ale (	cau.	WIDOWED	DIVORC	ED	July 4.	1891	74 yrs.	MOILLIS	Deys	Hours	143111*
10a. USI	UAL OCCUPATION	(Give kind of work	done 10b.	(IND OF BUSINESS (INDUSTRY	OR	11. BIRTHPLACE	County & Sta	te, or foreign country	) 12. C	DUNTRY	OF WHAT	
	Laht Co		,	na. R.R.		Marylar	nđ			USA		
	THER'S NAME	induction.	201	1100		14. MOTHER'S MA				0.022		
						Martha		-				
15. WA	S DECEASED EVE	R IN U.S. ARMED F	ORCES?   16	SOCIAL SECURITY	VO.   17.	INFORMANT	1,	Addre	SS		-	
(Yes, no	unkown) (If	yes give war or dates		7 07 600			To a law a	D		7 -	352	
16	O I	THE FETTON AND ADDRESS.				s.Lydia	Jacksc	n, Perr	AATT		Ma.	BALCEN
18.		I WAS CAUSED B	/ 43	line for (e), (b), end	(c). ]	4					RVAL BE ET AND I	
		MEDIATE CAUSI		raenon	ra ,	rung	x			1	MO	2165
	1631	DUE	TO			(/						
	nditions, if eny		(b)			· /						
	ve rise to impose (a), statir		TO 0T									
und	derlying cause la	ist.	(c)	23/1/20/20								
OR SOS	RT II. OTHER SIGN	IFICANT CONDITI	ONSCONTRIB	UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINA	L DISEASE CO	NDITION GIVEN IN	PART 1(e)	19.	WAS AU PERFOR	
ICA										YE		NO A
200	A. ACCIDENT WA	S UNDERLYING	20b.	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature	of Injury In	Pert I or Pert II	of Item 18	.)		
8 (if	EITHER, NOTIFY	S UNDERLYING CAUSE OF DEA MEDICAL EXAM	INER)									
₹ 20c	. TIME OF INJU	IRY Month, Day,	Year   20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Home,	farm, 20f.	(City or town)	(Cot	inty)	(8	State)
WEDICAL 200	Hour a.m.		While	Not While	facto	, street, office bldg.	, etc.)	<b>m</b>		. ,		
	p.m.	19				1.011-	-60	tal	1	12 11		
			1-11	led the deceased	from_	ney	1942), to		<b>5</b> , 196			
	saw the decea:	sed alive on	196-	<u>1966</u> ,	and that	death occurred at	1 4 P.M.	from the causes	and on t			above.
22	a. AGNATORE	7	K			ATTENDING 📈	MED.	STAFF	PL	AILISIE	(/-/	1/
22	c. PHYSICIAN'S	ucest	ANN	non	M.D	. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	1 76	6-	8 6	0
1 22	NAME (Type)	Clare	nce I.	Benson,	M.D		vvill	Le. Md.				
23a. B	URIAL, CREMATI	ON, 23b. DATE	THEREOF			OR CREMATORY		LOCATION (City, t	own or co	unty)	(St	ate)
	eMOVAL (Specify		0.1966	Angel H	1111	Cemetery	Hav	re de G	race	. M	d.	
24. FI	UNERAL DIRECTO	*///	- 0/1	ADDRESS		1 25a F	FC'D BY REC	GISTRAR 25b. R			ATURE	
100	11.10	Thinn	1XI	//, Pe	rrvv	ille, of	B 14 1	1966 900	iarle	1 Ju	die	
-	7-4-64	A CONTRACTOR OF THE PARTY OF TH				No. of the last				-0-	-6	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expression within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARTLAND 5	IAIE DEPA	AKIWI	ENIUFI	TEALIH		
IVISION (	F STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE '	I, MARYLAND
200		CERT	TIFICATE	OF I	DEATH			119171

	11///3			GENTITION	IL OI DEATH			116	14	
1.	PLACE OF DEATH a. COUNTY					CE (Where	deceased lived, If Institu		nce before adi	mission)
		CECIL		MARYLAND	a. STATE Mar	yland	a b. county	Ceci:	1.	
	b. CITY OR TOWN	(If outside corporate	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside	corporate limits, write	RURAL and	give nearest	town)
	Perryvi.	ile		10 days	Port	Depos	sit	07	7-1	
	d. NAME OF HOSE	PITAL OR INSTITUTION	(if not In ho	spital, give street address	d. STREET ADDRESS				e. IS RESI	DENCE
	VA Hospi	tal, Perry	Point,	Md.					YES KK	-
3.	NAME OF DECEASED	Firs	t	Middle	Last	4. DAT		Da		
e	(Type or print)	ALAN		C	KTRK	DE	TH Februa	M	196	
5.		The second secon	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years IF Me	onths   Days		Min.
10-	Male	White	WIDOWED	DIVORCED	8-8-96		09 yrs.			
dur	ing most of working	ON (Give kind of work do ng life, even If retired)	one 10b. KI	ND OF BUSINESS OR DUSTRY			ate, or foreign country)	12. CITIZE		
12	Farmer FATHER'S NAME			Farming	Port Dep	osit	Maryland	US	A	
10.										
15	HOLIDAY	KIRK (d.)	0502   16 4	POGIAL PEGUDITY NO. 1 17	SUSIE JA	.C1/201	N (D)			
(Ye	s, no, or unkown) (	If yes give war or dates of s	ervice)	6-24-652				and and	. r.a	1.90
_			1		A Hospital R	ecor	is, Perry P			
		EATH [Enter only one TH WAS CAUSED BY:		ne for (a), (b), and (c).]				IN OF	TERVAL BET ISET AND D	EATH
	PART I. DEA	IMMEDIATE CAUSE (8	ACUT	E SEVERE PULA	MONARY EDEMA				2 DAYS	
	203 X	300CX	•							
	Conditions, if a		) MULT	TPLE MYELOMA					1 YEAF	
	cause (a), sta	ting the DUE T	0							
2	underlying cause			TING TO DEATH BUTNOT RE	LATED TO THE TERMINAL D	NICE VOE C	ONDITION CIVEN IN PA	RT 1(a)   19	. WAS AUT	TOPSY
ATI						JISLASL O	ONDITION GIVEN INTA		PERFORM	MED?
읦				DDER WITH MET		f Infury In	Part I or Part II of I		YES KX	NO 🗌
CERT	OR CONTRIBUTIN	VAS UNDERLYING   IG CAUSE OF DEATH  FY MEDICAL EXAMINE	R)	LOOKIDE HOW HOOK! OOK	SOURCES. (Line) nature of	i injuty in		10111 201,		
A.		UURY Month, Day, Ye		JURY OCCURRED   20e. PI	LACE OF INJURY (Home, fa	rm.   20f	. (City or town)	(County)	(Si	tate)
	Hour a.m.		While	- Not while -	tory, street, office bldg., e	tc.)				E Bul
Σ	p.m.		at work		0 2 1	0.66	4. 0 10	1066		-\-\-\
				d the deceased from			· · · · · · · · · · · · · · · · · · ·	, 1966, :		
	22a. SIGNATURE	ARCANO GANGES	XXXXXX	occobbooccubth	ac satisfaccoused art	1:49	I a land the causes an	22b. DATE S	SIGNED	above.
N.		Domine	11/2 /	Kostitula M	D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	2-13-6	56	
	22c. PHYSICIAN		Wil I	e organ	22d. ADDRESS	DIKLOTON	11113. 22	- Con		
	NAME (Typ	BENJAMIN	ROTHFE	LD, M.D.	VA HOSPIT	AL,	PERRY POINT	, MD.		
23a	. BURIAL, CREMA	TION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETE	BY OR CREMATORY	23d.	LOCATION (CIty, town	or county)	(Sta	ite)
]	REMOVÁL (Spec BURIAL	2/16	166	Hopewel	Cometary	9	out Depos	it, Be		nd
24		TOR	1	- ADDRESS O	25a. /RE	C'D BY RE	GISTRAR   25b. REG	ISTRAR'S SIG	NATURE	
	Ralph	more.	01 6	reding stren	DATE	DID	1966	100	1	

VR AI5 (4) 20M 1/65

diament dens again of المالة والمحادث والمعال المالية 2817 otin of n Charles Caraco duot e pelezo 10 11 So . I the state to state to all the state of the state o ACTS SIAMOUND SEVER AFTER 

0 5 7771700

TOTAL BUTHARD, M.D. LANGETING, 1206X P.DH., JOS. 2/16/06 /4/2006 13. The second that

Latte property with the the

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(W		02224		CERTI	FICATE	OF DEATH			12175
		PLACE OF DEATH				2. USUAL RESIDENCE (Whe			efare admissian)
		Cecil		MAI	RYLAND	o. STATE Marylar	ad b. 001	Ceci	11
		<ul> <li>CITY OR TOWN (If autside carparate limit write RURAL and give nearest tawn)</li> </ul>	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autsid		JRAL and give nec	arest tawn)
		Elkton		l wk		Elktor	1	0	7-1
		d. NAME OF HOSPITAL OR INSTITUTION (IF I	nat in hospital,			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1		Union Hospit	al			114 N. H	Park Circl	е	YES NO
			irst	Middle				nth C	Day - Year
		DECEASED (Type or print) Edgar		Andrew	Kis	tenmacher	DEATH Febr		27. 19 66
	5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRI		. DATE OF BIRTH /	9. AGE (In years last birthday)	IF UNDER 1 YEA Manths Day	
	1	Male White	WIDOWED	DIVORC	ED 🗌 A	Apr. 24, 19	10 55 yrs.	Midfillis Day	ts Hours Min.
	1Da	. USUAL OCCUPATION (Give kind of work doning most of working life, even if retired)	10b. K	IND OF BUSINESS OR IDUSTRY	•	11. BIRTHPLACE (County & St	tote, or foreign country)	12. CITIZEN	OF WHAT
	]	lachinist		M.R. Cor	D.	pennsylv	rania	US	A
	13.	FATHER'S NAME	18/-18			14. MOTHER'S MAIDEN NAM	AE .		
	13	Gustave Kiste		er		Caroline	Freck		•
	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES is, no, or unknown) (If yes give war or dates	of service)	SOCIAL SECURITY NO.		FORMANT		lress -	Md.
	(10	No (in feet give wat of duties	1	81-09-62	20 M	cs. Elizabe	eth Kisten	macher.	Elkton
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(c)			a heart		ang to	musety
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS PREVIOUS M	CONTRIBUTING	TO DEATH BUT NOT R	elated to the	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY	OCCURRED. (	Enter noture of injury in Port	t I or Port II of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While			E OF INJURY (Hame, farm, iry, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
		21. I certify that (I) (this ho	spital) atten	ded the decease	d fram	1959,195	59, 10 Act =	27, 1966,	that (I) (we) las
		saw the deceased olive an_	2-2	1 196	and that	death occurred at 4	/SOM, from couses		
		22a. SIGNATURE  Willifore  22c. PHYSICIAN'S	18/	Des .	M.D	ATTENDING ME PHYS. DIF	D. STAFF PHYS.	22b. DATE S 2 - 2	
		NAME (Type) Wallifo	rd Ip	pes			, Delawar	Θ	
	230	BURIAL, CREMATION, 23b. DATE TO		23c. NAME OF CE			23d. LOCATION (City or 1		unty) (State)
	C	REMOVAL (Specify) remation 3/3/	66		prook	Crematory			. Print
	24	. FUNERAL DIRECTOR SULPH	6.24	CR ADDRESS		2Sa. REC'D B'		REGISTRÁR'S SIGNA	HURE
		Hicks Home for	Finer	als Ell	ction	Md PAMAR	3 1966 1	- Corred	Xunge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tenove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02225	CERTIFICATE	OF DEATH		02176
1.	PLACE DF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (V a. STATE Maryland	b. COUNTY	ution: Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Elkton	c. LENCTH OF STAY IN 1b		ide corporate limits, write	RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	, , ,	d. STREET ADDRESS		e. Is residence on a farm? yes \ no \
3.	NAME DF First DECEASED (Type or print) Charlotte	Middle	Last 4.	DATE Month DF DEATH Februar	Day Year
_	sex 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8	. DATE OF BIRTH		MINDED I VEND HE HINDED 24 HDS
LOa.	USUAL OCCUPATION (Cive kind of work done   10b. KI			& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME George Wilson		14. MOTHER'S MAIDEN N		.0.5.4.
15. (Ye			informant s. Melissa	Address	R.D. Elkton. Md.
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  (b)  DUE TO		nile psychos	sis	unkhown
CERTIFICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUP			YES NO NO
MEDICAL		Not While factor	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attende saw the deceased alive on Feb 12	a the accepace from	death occurred at 1:2		, 19 <sup>6</sup> , that (I) (we) last d on the date stated above.
	22a. SIGNATURE AND Myens, St			CTOR PHYS.	2-14-66
	22c. PHYSICIAN'S S. RALPH (N	DREWS, JR.	225 3ADDRESS Maj		ton, Md
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/15/66 FUNERAL DIRECTOR	Sharps Cemetery		23d. LOCATION (City, town	or county) (State) - Cecilico 110
24.	Tack G. Dicks	als. Elkton.			Conley Judge

35150 of something through the bottom to the THE WAS DEED TO STORY

### MADVIAND STATE DEDADTMENT OF HEALTH

	02226	MI	EDICA	L EXAMINER	S CERTIFICA	TE OF	DEATH		02	77	_
1.	PLACE OF DEAT	н			2. USUAL RESIDEN	ICE (Where d	eceesed lived, If	institution; Res	idence befo	ore ed	missio
					o, STATE	3	b. COUN				
_	Cecil	if outside corporate lim	tan I	«. LENGTH OF STAY IN 1b	Marylan		-	cil			
	write RURAL on	give neerest town)	115,	e. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If oulside corp	orate limits, write	RURAL and g	ive neeresi	lown	)
	Elkton			3 months	Elkton				07.	. 1	
	d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hosp	ital, give street eddress)	d. STREET ADDRESS		· -		0. 1		IDENC
	Y7. 2 Y7				fol ** 3						FARM
3	Union H	ospital First		Middle	524 Hol			nue	YES	- Lund	NO X
٥.	DECEASED	rirai		Middle	Last	4. DATE	Mont	1	Day	Year	
	(Type or print)	Ed	lward	F.	Mc Keown	DEATH	Fe	h. 1	3	19	66
S.	SEX			NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years				4 HRS
	20 3		WIDOWED		0 0 00/-		last birthday)	Months Da	ys Hou	rs	Mln.
10	Male	ION (Give kind of work			3-2-1867		98 угз.				
9	ne during most of we	rking life, aven If retire	d)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign so	untry)	12. CITIZI	N OF WH	AT CC	UNTR
	Farm			Farming	New Cast	le Co	Del	TT	S. A.		
13	FATHER'S NAME			Tarming	14. MOTHER'S MAIDEN	NAME	DOTE	0.0	U, A.	_	
10	No Info	rmation ER IN U.S. ARMED FOR			No Info	rmation					
		tk in U.S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT		Address				
	No			8-07-8817	Mrs. Ruth De	ibert	Elk	ton, Ma	rvlar	nd	
	18. CAUSE OF	EATH [Enter only one							INTERVAL	-	VEEN
	PART I. DEAT	H WAS CAUSED BY:	There are				The Jan 2 4 a		ONSET AL	ND DE	ATH
	0.0	IMMEDIATE CAUSE (e)	Fract	ure of the ri	gnt nip, Pul	monary	FWDOTIS	Mr.	3 mc	nt	ns
	7020	DUE TO									
	Conditions, if any	which ) (b)	Fall	at home, acci	dental						
	geve rise to immed	iala ceuse		,							
	(e), stating the u	ndarlying DUE TO									
	cause lest.	) (c)									
8	PART II. OTHE	SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1			
CERTIFICATION	Conomo	liend Anton	i ocol o	monin					YES T	RFOR	MED?
FIC	20a. EXTERNAL C.	lized Arter		FE HOW INJURY OCCURRED	(Enter nature of Injury In E	Dark Law Back II	of Hom 19 )		I IES [	7 7	
ERT	PRIMARY A or CO	NTRIBUTING	AUD. DESCRIE	A HOW HAJOR! OCCURRED	. trues service of fullary in r	an I or red II	or nam 10.)				
	CAUSE OF DEATH.		Slipp	ed off chair	getting up f	rom tal	hle at h	ome.			
7	20c. TIME OF INJU	IRY Month, Day, Ya	er   20d. IN	JURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City		(County	1	15	tete)
Ü.				TONI OCCORNED   AUG. IL	Jet of Hank I home tell		of fown;	(County	1		
MEDICAL	Hour a.m.	77 496	While		At home	.)	Elkton	(County	,	(3	1010/

21. I certify that I took charge of the remains described above, held an Autopsy | |, death resulted from: Natural causes 7

Homicide CHIEF MEDICAL EXAMINER

and in my opinion Undetermined manner

Address (Street, city, town, or county) Chesapeake City, Md.

22d. LOCATION (City, town, or sounty)

5/9/66

Henry V. Davis, M.D. EXAMINER'S NAME (Type)

2-6-66

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

DATE SIGNED

(State)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Elkton Cemetery

22c. NAME OF CEMETERY OR CREMATORY

Elkton 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Burial
23. FUNERAL DIRECTOR Pippin Funeral Home

ACTUAL

Elkton, Maryland

DATE Feb. 7, 1966

VR A15ME 5M 1/63

white due south he to at they an Promote at 15 mars of the latter at a 740

in by the funeral Pages 1 and 2 nours after death

TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02227			CERTIFIC	CATE	OF DEATH	1		02178
1.	PLACE OF DEATH a. COUNTY Cecil			MARYLA	AND	2. USUAL RESIDENCE A. STATE Virgi	CE (Where deceased lived, If in: b. COUN		sidence before admission)
	b. CITY OR TOWN	(if outside corporat	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (II	outside corporate limits, wr	ite RURAL	end give nearest town)
F	erry Poi		11)	16 days		Alexa	ndria		83 - 3
			N (if not In h	ospital, give street add	dress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
V	eterans	Administr	ation	Hospital		134 N	orth Payne St		YES NO
3.	NAME OF DECEASED	Fli	rst	Middle		Last	4. DATE Mont		Day Year
	(Type or print)	LE		JOSEPH		MEADE	DEATH Februa	ry	24 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐   8.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours   Min.
	Male	White	WIDOWED			3-1-94	71 yrs.		
10a dur	. USUAL OCCUPATI	ON (Give kind of work) ng life, even if retire	done 10b. i	(IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State, or foreign country		TIZEN OF WHAT
	ruck dri					Alexand	ria, Virginia	U	.S.A.
	FATHER'S NAME					14. MOTHER'S MAIL			
	eorge W.						Breen		
15. (Ye	s, no, or unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	f service)	SOCIAL SECURITY NO.		NFORMANT	Addre		
	Yes	WW I	J	JNKNOWN	VA	Hospital	Records, Perr	y Poi	nt, Md.
1				line for (a), (b), and (c).					INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ca	rcinoma of	the	esophagus	with metastasi:	s	011021 7310 001111
	150X	DUE	то						
4	Conditions, If a		(b) to	the lung,	righ	t.			
	gave rise to cause (a), sta		то						
_	underlying cause		(c)						
ICATIO	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 2
CERTIFICATI	OR CONTRIBUTION	WAS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINATION OF THE PROPERTY OF THE	TH	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature o	f Injury In Part I or Part II o	of Item 18.)	
EDICAL	20c. TIME OF II Hour a.m		Year   20d.   While at wor	Not While	e. PLAC factory	OF INJURY (Home, fa , street, office bldg., e	arm, 20f. (City or town)	(Cour	nty) (State)
	· · · · · · · · · · · · · · · · · · ·			led the deceased fro	m Fe	b. 8 .1	966 to Feb. 2	4 19 6	6 the NAME HER
	S DECREMENTED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	KXXXXXXXX an	d that		9:36, from the causes		
Н	22a. SIGNATUR						am	22b. DA	TE SIGNED
			le		M.D.		MED. STAFF PHYS.	2-	24-66
	22c. PHYSICIAI NAME (Typ	1	A REUS	5, M.D.		VAH, Pe	rry Point, Md	l.	
23a	BURIAL, CREMA	ATION, 23b. DATE I	HEREOF	23c. NAME OF CEM	METERY (	R CREMATORY	23d. LOCATION (City, to	own or cour	nty) (State)
1	Removal Bi	ATION, 23b. DATE I	3/66	Arlington	Nati	onal Cemet	ery Fort Mye	r. Vir	ginia
24.	FUNERAL DIREC	CTOR Deni	-	ADATES	drie	Va   25a RE	C'D BY REGISTRAR   25b. R	EGISTRAR'S	SIGNATURE
De	maine F	uneral Hom	ie, 250	S. Wash.	St.	DATE	3 2 8 1956 40	liante	y Judge

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	ni da	No.L	26 days	Suice	A Kataga
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	55 / Feb. 24		KONKE COMOS		, s , s
Se on Figure			are a Control		
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AND AND THE	ALCO CAS	344	Melancon Alexei , 250 3. Vodb.		

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funexal director, page 3 should be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 20M 5-63

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02228 CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н		2. USUAL RESIDEN		Institution: Residence before admission)				
Cecil		MARYLAND	Maryland Cecil						
b. CITY OR TOWN	(if outside corporete limits, ad give neerest town)	c. LENGTH OF STAY IN 1b			RURAL end give neerest town)				
Elk Mil		3 vrs.	Elk M:	171s	07=1				
	PITAL OR INSTITUTION (il not in		d. STREET ADDRESS	to the do W	. IS RESIDENCE				
					YES NO				
3. NAME OF	First	Middle	Last	4. DATE Month	Dey , Yeer				
(Typa or print)	Herbert	John	Miller	DEATH Febru	ary 11. 19 66				
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH,	9. AGE (In yeers					
Male	110 11		ept. 7. 18	last birthdey)	Months Deys Hours Min.				
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Retired	7	Service Statio	n Wiscons	เริ่า	TT G A				
13. FATHER'S NAME	<u> </u>	DOTATOO DESETO	14. MOTHER'S MAIDEN	NAME	U.S.A.				
1	Unknown	TO STATE OF THE PARTY OF	Unkno	าพา					
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		, Address					
NO NO	(II yes give wer or detas of service)	Tim	s. Harry I	Downham. Elk	Mills I'd				
18. CAUSE OF	DEATH  Enter only one ceuse		De Tratili	Mulan, EIK	INTERVAL BETWEEN				
	TH WAS CAUSED BY:	7	-		ONSET AND DEATH				
2000	IMMEDIATE CAUSE (0)	erebral lh	romors		1226				
3371	DUE TO	, , +	/ /	, /	11.				
Conditions, il an		assive throw	pases left	sapkencex	ech				
geve rise to immed (e), steting the	DIJE TO								
couse lest,	(c)								
Z PART II. OTHI		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY				
PART II. OTHI	te neurit	is of gazeria	on game	chan right.	redo YES NO X				
200. ACCIDENT V	WAS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	O. (Enter hature of injury i	n Pert I or Pert II ol ilem 18.)					
		rod. INJURY OCCURRED 1 200. PLA	CE OF INJURY (Home, fer	m. ' 20f. (City or town)	(County) (State)				
Hour e.m.			ory, street, office bldg., etc						
	17		<i>(ii.</i>	10/3 /1/	1 10/1/ 10/1				
21. I certify	that (I) (this hospital) a	ttended the deceased from	aug.	19 land, 10 J	1, 19.64 that (I) (we) last				
saw the decea	ased alive on Tel-	19.6., and that	death occurred at 9	M, from the causes a	and on the date stated above.				
22e. SIGNATURE	$\cap$	0	ATTENDING	MED. STAFF	22b. DATE SIGNED				
Stall	eceke Joth	uson M.	011110	DIRECTOR PHYS.	2/12/66				
27c. PHYSICIAN'S		Johnson	D 22d. ADDRESS	vack D	ela				
23a. BURIAL. CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn~or county)* (Stete)				
REMOVAL (Specify Burial	2/11/66	Cherry Hill	Methodiat	Cherry Hill	L. Md.				
24 FUNERAL DIRICHO	R'S SIGNATURE	APPRESS		C'D SY REGISTRAR 25b. RE					
Higher	CELLE CON	HERE	Md . DATE F	-0 4 4	Mlmla Vilae				
HICKS' HO	and ron rune.	I day DIKUOII,	mud   DAIL	0 1 1 1300	- And And				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pursician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_		02223	}			CERTI	FICATI	E OF DEATH	H			02	180
	1.	PLACE OF DEATH  a. COUNTY  Cecil  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institut  a. STATE  b. COUNTY  MARYLAND									efore admission)		
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Elkton						c. city or town (I	f outside corp	oorate limits,	write RURAL	and give	nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Union Hospital					ai, give stree	t address)	d. STREET ADDRESS				- 2	IS RESIDENCE ON A FARM? S NO X
=	3.	NAME DF DECEASED (Type or print)		rst lvs		Middle M.		Last Newcomb.	4. DATE DF DEATH	119	nth arv	Day 4	Year 19 66
		SEX	6. COLOR OR RACE	7. M/	RRIED	NEVER MARR	LED .	B. DATE OF BIRTH	9.	ACE (In year last birthda	y) IF UNDER	YEAR IF	UNDER 24 HRS. Hours   Min.
	10a. durl	ng most of work	White ION (Cive kind of work ing life, even if retire	donel	10b. KIND C	F BUSINESS		August, 22, 1		or foreign coun	try)   12. CI	TIZEN OF	WHAT
-	Ho 13.	OUSEWOIK FATHER'S NAM	E		Own Ho	me		Md.  14. MOTHER'S MAI			U.S	5.A.	
-	15.	erman Mo WAS DECEASED	OTE EVER IN U.S. ARMED FO (If yes give war or dates o	RCES?	16. SOCI	AL SECURITY	NO.   17.	Unknown	n Daught	er. Add	ress		
=		No.   Mrs. Mary Pearce, Galena, Md. 21635											
		331,	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a)				erebral bra- ra-parieta	-		1	m.	and death
		Conditions, If gave rise to cause (a), st underlying caus	Immediate ating the DUE	(b) TO	ruptu	re in	to ce	erebro -sr	pinal	<del>space</del>			
2	CERTIFICATION	PART II. OTHER S	CONTRICANT CONDITION					TED TO THE TERMINAL				YES	VAS AUTOPSY PERFORMED?
											l of item 18.	)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19   20d. INJURY OCCURRED factory, street, office bldg., etc.)   20f. (City or town) (City or town)   20f. (City or town)									(Cou	nty)	(State)	
		21. I certify that (I) (this hospital) attended the deceased from 1 Jun 66, 19, to 4 Feb 609, that (I) (we) last saw the deceased gliye on 4 Feb 60 19, and that death occurred at 9:301, from the causes and on the date stated above.											
	-	22a. SIGNATU 22c. PHYSICIA	se Illue	lo	w.		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		Tes	
	23a.	NAME (T)	wallace					Cecilton		CATION (City.	town or cou	intv)	(State)
	B	REMOVAL (Spe UT1al FUNERAL DIRE	Feb. 7,			alena		ery	Gale	ena, K	ent Co	;	Md.
3	2	duar	Fello	US	. The	ellen	stox	Me DATE	8 19	966 8	Charle	Ju	sge.

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	MARYLAND ST	TATE DEPART	TMENT OF	HEALTH
<b>DIVISION OF STATISTICAL</b>	<b>RESEARCH AND</b>	RECORDS, 301	W. PRESTON	STREET, BALTIMOR

	UZZZU			CERTIFICA	TE OF DEAT	H		1161	01
1.	PLACE OF DEATI	Н				NCE (Where deceased		Residence bef	ore admission)
1	a. COUNTE	Cecil		MARYLAND	a. STATE M	aryland	b. COUNTY	Cecil	
1	b. CITY OR TOW	N (If outside corpora	ite limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate	Ilmits, write RURA	AL end give n	earest town)
	ELKton.	and give nearest too	d viu)	54-Years		ake, City		07-	- /
				ospital, give street address	s) d. STREET ADDRES		0.		S RESIDENCE
	Union	Hospital			Cecil S	treet		YES	N A FARM?
3	NAME OF		Irst	Middle	Last	4. DATE	Month	Day	Year
	DECEASED (Type or print)		ary		rtynski	OF DEATH	2	12	19 66
5.	SEX			NEVER MARRIED	8. DATE OF BIRTH	19 AGE	(In years   IF UNDE	R 1 YEAR IFU	20
	Female		WIDOWED		6/13/1896	last	birthday) Months	Days H	lours   Min.
10:				IND OF BUSINESS OR		(County & State, or for	yrs.	CITIZEN OF	WHAT
dui	ing most of work	FION (Give kind of work ling life, even if retire	ed)	YDUSTRY	Austri			COUNTRY?	
H	FATHER'S NAM	112	1	to ME	14. MOTHER'S MA			YONE	
. 13	Sam Chi				14. MOTHER S MI	TO WATE			
16		EVER IN U.S. ARMED FO	ODCEC2   1C	SOCIAL SECURITY NO.   1	7. INFORMANT	- NTO.	Address		
(Y	s, no, or unkown)	(If yes give war or dates	of service)						
_	No		/	1 - 11 -	ouis orty	nski	Same		
				ine for (a), (b), and (c).]				ONSET	AL BETWEEN AND DEATH
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Car	diac Failu	re			4-D	ays
	260	DUE						1, -	
-	Conditions, if		(b) Pul	monary Ede	ma.			4-D	ays
	gave rise to cause (a), s		TO					). V	
_	underlying caus	se last.	(0)	abetes					ears
CERTIFICATION	PARTII. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBU	ITING TO DEATH BUT NOT R	ELATED TO THE TERMINA	AL DISEASE CONDITIO	N GIVEN IN PART 1(a		AS AUTOPSY ERFORMED? NO
E	20a. ACCIDENT	WAS UNDERLYING	]   20b. I	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of Injury in Part I	or Part II of Item 1	18.)	
CER	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	INER)						
¥.	20c. TIME OF	INJURY Month, Day,	Year   20d. II	NJURY OCCURRED   20e. I	PLACE OF INJURY (Home ctory, street, office bldg	, farm,   20f. (City	or town) (C	County)	(State)
MEDICAL	Hour a.i		While at work		ctory, street, office bldg	., etc.)			
×	p.i			ed the deceased from.	2/4/	1966 to 2/	11.2/ 106	56 that	(I) Due) last
		ceased alive on	2/11/3/	19 66 and t	hat death occurred a				
	226. SIGNATU	oudoug dilito di		anu t	nat death occurred a	P:M		DATE SIGNE	
	111	11.	1 1/2	f.	ATTENDING PHYS.	MED. S	TAFF D 2/1	14/66	
0	220 PHYSICIA	AN'S	X					2.5	
/	NAME (T	ype) James	10	hnson M.D.	245 Ea	st H-gh S	st., Elkto	on, Ma	arylan
23	, BURIAL, CREN	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATI	ON (City, town or o	county)	(State)
	REMOVAL (Sp	eclfy) 2~/7	- 64	ST PUSE D	FLIMA	MAFESA	PERKE .	GITH	MD
24	. FUNERAL DIRI		211	12. 4 22 01	25a.	REC'D BY REGISTRA	/ - //	/ /	JRE
2		/	YOME	ADDRESS FIRETON	MD DATE	EB 15 196	& Ochan	les Jus	dec
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# FOR STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 TO DEPUTY MEDI

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VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02231 MEDICAL	EXAMINER'S	CERTIFICATI	OF DEATH	02182
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	a. STATE Delawa	b. count	Castle /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		a RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, giva street address)	d. STREET ADDRESS	, dOII .	e. IS RESIDENCE
Rt. 279		3 Ceda	r Ave. (Rose	on a farm?
3. NAME OF First	Middle	Lest	4. DATE Month	Day- Yaar
(Typa or print) Darrell		tterson	DEATH Februa	
5. SEX   6. COLOR OR RACE   7. MARRIED	☐ NEVER MARRIED 🛣   8	B. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IFUNDER 24 HRS. Months   Davs   Hours   Min.
Male Wh ite WIDOWED		ept. 29.	1941 24 yrs.	
1Da. USUAL OCCUPATION (Giva kind of work dona) 10b. K during most of working lifa, aven if retired)	IND OF BUSINESS OR * NDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist S&S	Eng. Co.	Delawa		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Robert C. Patterson		Lois Pi		•
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (If yes give war or dates of service)	SOCIAL SECURITYNO.   17.	INFORMANT ROS	elle, Wilffi	gton, Del.
	1-26-6000 Rd		atterson. 3	
18. CAUSE DF DEATH [Enter only ona cause per l	Ina for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a) Bra	n don injur-	extensive		Immed
8/99 DUE TO		1		
Conditions, if eny, which	bound dominin	uted frunta	(bone left	
gava risa to immediata couse (a), stating the DUE TO				
underlying causa lest. (c)				
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  20a. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year And Hour a.m.  P.m./2147 2-2019(6 at world)				YES NO
208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of	Item 18.)
CAUSE OF DEATH.	icle struck bridge	support. Stee	ring calumn drive	en into frontel hon
3 20c. TIME OF INJURY Month, Dey, Year   20d.	NJURY OCCURRED   2De. PLA	CE OF INJURY (Home, fary, street, office bldg., a	rm, 20f. (City or town)	(County) (Stata)
Hour a.m. While p.m. /2:4/7 2-2019(6 at wor	- Not while - 4	2-79	Vie. Elkton	Cecil Mr
21. I certify that i took charge of the ren	nains described above, hei	d an Autopsy ,	inspection 1, inqui	ry 🖳 and in my opinion
death resulted from: Natural causes				
(X 11 (C)		CHIEF MEDICAL		
SIGNATURE // / / / / / / / / / / / / / / / / /	Venen	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
		DEPUTY MEDIC	AL EXAMINER	2/21/4
EXAMINER'S IT // man 1 . Sol	inson M.D		t, city, town, or county) E	IKton
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stata)
Burnal 2/23/66	Silverbrook	Cemetery	Wilmington	Delaware
24. FUNERAL DIRECTOR	ADDRESS	25a RE	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
Hicks Home for Funer	als, Elkton,	Md DATE	- 60 1000 F	and hunde

MARYLAND STATE DEPARTMENT OF HEALTH

301 Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE, MARYLAND 21201

0223	2		CERTII	FICATE	OF DEATH			02183		
1. PLACE OF DEATH a. COUNTY					a. STATE		UNTY			
	Cecil			YLAND	Maryla		Cecil			
b. CITY OR TOWN	(If outside carparate limits, and give negrest town)		c. LENGTH OF STAY		c. CITY OK TOWN (If au	tside carparate limits, write R	LUKAL and give n	learest tawn)		
E.	and give nearest tawn)		2 day	S	Elkton			07-1		
d. NAME OF HOSI	PITAL OR INSTITUTION (If not	in haspital, g	give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Un.	ion Hospits	al			R.D. 3	Box 304		YES NO		
3. NAME OF DECEASED (Type or print)	Firs Alic		Middle		Poore	OF DEATH Febru	onth 18 PV	7 - 19 66		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	DIB	DATE OF BIRTH	1 886 9. AGE (In years	IF UNDER 1 Y			
Fem ale	White	WIDOWED	DIVORCE	D 🔲 ]		1/91 /7/4/79.	MUITIN	Days Haurs Min.		
	ON (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Caunty	& State, ar foreign cauntry)		EN OF WHAT		
during most of working	ng life, even if retired) ewife	IN	IDUSTRY		New Jer	77 A D	COUN	NTRY?		
13. FATHER'S NAME					14. MOTHER'S MAIDEN I		-	Della		
					~ 13	700 3 1				
	s Gaines	- [17]	COCIAL CECUDITY NO	1 17 11		ne Lambert	Janes			
(Yes, ng, or unknown	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes of	service)	SOCIAL SECURITY NO.	17. 11	NFORMANT	Add	dress			
No				J	ohn H. Pod	ore, Elkton	. Md.	R.D.3		
1B. CAUSE OF	DEATH (Enter only one caus	e per line for	(o), (b), and (c).)		1 1 .			INTERVAL BETWEEN		
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) Ho	inte Com	me t	thon bos			ONSE AND DEATH		
420	/ DUE		+	7				. , 5		
Conditions, if o	ny, which gave	in that	eren les le	car	men action	hemet observe		Uhmm		
	iate cause (a), DUE	10	10/10/1	-1-						
stoting the un	derlying cause				0					
		(c)	TO YOU THE HAT OF	LATED TO T	Ur Troubland Dictact Cod	IDITION CIVEN IN DADT 1/-)		19. WAS AUTOPSY		
PART II, OTHER	SIGNIFICANT CONDITIONS CO	NIKIBUTING	O DEATH BUT NOT KE	LATED TO T	HE TERMINAL DISEASE CON	NOTITION GIVEN IN PART 1(0)		PERFORMED?  YES NO		
OR CONTRIBUTION	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY O	OCCURRED. (	Enter nature af injury in	Part I or Part II of item 18.)				
	NJURY Month, Doy, Year a.m.	While			E OF INJURY (Home, form ary, street, affice bldg., etc.)		(Count	ty) (Stote)		
	p.m. 19	ot war			10 - 1	065 4 506 7	10/	Taban (IV ()		
saw the	21. I certify that (I) (this haspital) attended the deceased fram , 1965, ta , 1965, ta , 1965, that (I) (we) las saw the deceased alive an 1966, and that death accurred at 1227 M, fram causes and on the date stated abave									
220. SIGNATUI	P. Relly	Johns	14	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DAT	7/66		
22c. PHYSICIA NAME (Ty	N'S S. RAVE	HA	KOREUS	In	22d. ADDRESS M	AIM ST. E	LKTON	Mp-		
23a. BURIAL, CREMA REMOVAL (Spec	(TION, 23b. DATE THE	REOF	23c. NAME OF CEN		REMATORY Cemetery	23d. LOCATION (City or Wilmingto		ounty) (State)		
24. FUNERAL DIREC	ART I	2	ADDRESS	)	U U		REGISTRAR'S SIG			
		C. /	rals, Ell	1				es Judge		
Hicks	Hame for	Funer	rais. Ell	Kuon,	Md . DATE	D 1 ( 1966	1 Course	- And		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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PROPERTY CONTENTS OF THE PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

92233	CERTIFICATE	OF DEATH		02184					
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	re deceosed lived, if institution: I b. COUNTY						
CECIL	MARYLAND	MD		CECIL					
<ul> <li>CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RURAL o	nd give neorest town)					
ELATON	1 HR.	TOWN 1	PHIO	07-1					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
UNION HOSPITAL		NON	E	YES NO 🔀					
3. NAME OF DECEASED (Type or print) VICLET P	Middle 50 H	LOST	DATE Month OF DEATH 2	Doy Year 3 1966					
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.					
F W WIDOWED	DIVORCED	10-17-05	60 yrs.	Mills Doys Hoors Mill.					
	IND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN OF WHAT					
during most of working life, even if retired)  HOSP. TECH.	LONT CO	LONDON.	ENGLAND	COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM							
EARL JONES		No :	TH FO.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address 7	FOUND POINT NO					
(Yes, no, or unknown) (If yes give wor or dotes of service)	Mi	R. HARLAI	V 1. CA 41	DEFED					
I 10. CALICE OF DEATH (Fester cells one cours on line for		N. 11 11 KAA-1	<u> </u>	INTERVAL BETWEEN					
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:		1 100 T	. 1 11:00	ONSET AND DEATH					
IMMEDIATE CAUSE (o)	dear arest	and Jephil	wer februly	an 16er					
Conditions, if ony, which gove )	*DT	in myora	0-611	7 41					
rise to immediate couse (a)	cult Polen	in Myora	rain sofore	um shr					
stoting the underlying couse DUE TO	who Trail	t	0. All. "	11- 7-17					
kast. (c)	perceron e	ma angue	pellerienen	Carried of Actions					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19.  YE  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRI									
20b. D  20b. D  CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Par	t I or Port II of item 18.)						
(IF EITHER, NOTH) MEDICAL EXAMINER)									
		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)					
Hour o.m. While of wol		tory, street, office bldg., etc.)	and the second						
21. I certify that (I) (this haspital) atter	nded the deceased fram_	dejet 19	5, to 2-3	, 19 <b>66</b> , that (I) (we) las					
saw the deceased alive an 2	3 1966, and the	at death accurred at_		an the date stated above					
220. SIGNATURE		ATTENDING A	ED. STAFF	22b. DATE SIGNED					
Willistord Ex	sees M.		RECTOR PHYS.	2-5-66					
22c. PHYSICIAN'S	/	22d. ADDRESS							
NAME/Tung) Actiff to To 22	PPES	NEWA	Rh, DEL.						
NAME (Type) WILL, FORD	1123	1120111							
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)					
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)					
230. BURIAL, CREMATION, 23b. DATE THEREOF		CREMATORY	23d. LOCATION (City or Town)  ELATON C	, . ,					

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after team.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66

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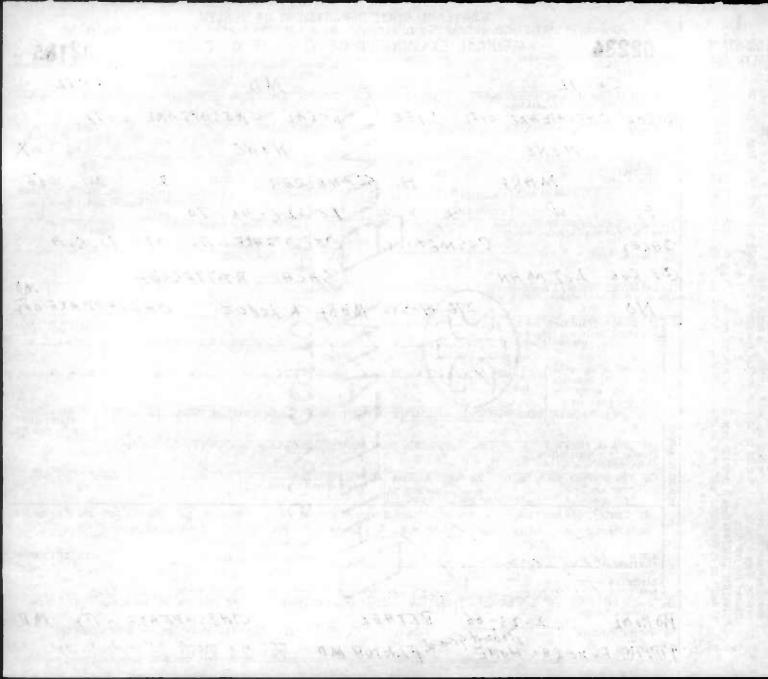
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#### MARYLAND STATE DEPARTMENT OF HEALTH

09934 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1940=
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If ins	titution: Residence before admission)
a, COUNTY	a. STATE b. COUN	ITY ·
MARYLAND	(M /)	CECIL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, wr	,
RURAL CHESAPEAKE CITY LIFE	KURAL CHESAPEAKE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
NONE	NONE	YES ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month	n Day Year
(Type or print) MAR4 A. SCA	WEIDER DEATH 2	20 1966
	8. DATE OF BIRTH 9. AGE (In years I	IF UNDER 1 YEAR IF UNDER 24 HRS
F WIDOWED DIVORCED	10-29-95 70 yrs.	Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALES COSMETICS	CHESAPZAKE CITY MO	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE LOT MARK	SARA BATTERSB	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Addres	ss MA
(Yes, no, or unknown) (If yes give war or dates of service)	27. 1 1.1 44	ESAPEARE ONL
18. CAUSE DF DEATH [Enter only one ceuse per line for (a), (b), and (c), ]	ANT K TOBOR CH	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterios clerotic	HERAL DIS1358	Years
Conditions If any which I	0 1 1 0	
Rate 1126 to Illulicatore	Cardisusscular Disease	Toers
cause (a), stating the DUE TO		
underlying cause last. (c)	TED TO THE TEDMINAL DIOPAGE CONDITION CITED IN	PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
No.		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA facto while p.m. 19 at work et work et work	JRRED. (Enter nature of injury in Part I or Part II o	f Item 18.)
CAUSE OF DEATH.		
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town)	(County) (State)
Hour s.m. While Not While p.m. 19 at work et work	, , , c.	
21. I certify that I took charge of the remains described above, hel	ld an Autopsy . Inspection . Inqu	Iry and in my opinion
	icide , Homicide , Undetermined	manner
	CHIEF MEDICAL EXAMINER	
SIGNATURE / el Clerces - Leves	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER	Q-21-6C
NAME (Type) Tillman Doshnson 19.1	Address (Street, city, town, or county)	ElKton
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		own or county) (State)
BORIAL (Specify) 2-23-66 BETHEL	CHESAPEA	KE CITE MD
24. FUNERAL DIRECTOR School Agoress		EGISTRAR'S SIGNATURE
PIPPIN FUNERAL HONE FOR ELKTON	MO OFFEB 24 1956 PC	iarles Judge
THE TONE TO HOLD THE THE TONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

TO DEPUTY MEDI

10 FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. of Health or its designated agent, prior to burial, cremation, or removal,



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the fares 1 ars after Cecil MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi filled in Rural- Port Deposit Rural-Port Deposit d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 7 Upper Principio Road YES NO 3 Principio executed within completely carbon NAME OF First DATE Month Middle Year DECEASED OF DEATH event, (Type or print) John Sebold 19 ebruary din mid con 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months Davs any WIDOWED DIVORCED 69 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) death certificate be physic n plea Sprayer Self Com. Employed II.S Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pharmit. Then гетоуа George ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Marian Deposit. ebo been signed by the the burial-transit p or to burial, cremati INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate or this certificate has bee detached for use as the te Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year (County) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) d Hour a.m. After While Not While be at work at work director, page 3 should should be filed with the 7.6 27 1965 to 21. I certify that (I) (this hospital) attended the deceased from 1966. that (I) (we) last saw the deceased alive on. 26 and that death occurred at 255 M, from the causes and on the date stated above. 1950 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may b M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Port Deposit. Maryland. Richards Jr. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Burial Hopewell Denosi REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 15M 4-64

MARYLAND STATE DELAN

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12236
CERTIFICATE OF DEATH

<u> </u>	ULLED	0	Tto	m 2 ULINITE	200	-ZUI /DEA	# F1				121	XI	
Y	PLACE DE DEAT	Н		W 6 F 4 2 W 17 J	1	2. USUAL RESID	ENCE (Whe	re deceased	lived, If inst	titution: F	ésidence	before ad	mission)
	a. CDUNTY	Ceci	L	MARYL	AND	a. STATE	Md.		b. COUN		Cec		
	b. CITY OR TOW	N (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside	corpora	te limits, wri	te RURAL	and gly	e neares	t town)
		and give nearest too eake City	/n)	1 mon	th	Che	esape	ake	City		0	7-1	/
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in	hospital, give street ad		d. STREET ADDR	alla		01.03		1 6	. IS RESI	
	Morgan	Nursing 1	Iome								Y	ON A F	NO X
3.	NAME DF DECEASED	F	rst	Middle		Last	4. D	ATE	Month		Day	Yea	r
	(Type or print)	Mary	M	lagdalen	Sli	cher	Ď	EATH	Feb.	2.5	5,	19 (	56
5.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	8	. DATE OF BIRTH		9. AG	E (In years	IFUNDER			
F	emale	White	WIDOWI	ED DIVORCED		1-1-182	74	9	t birthday)	Months	Days	Hours	Min.
10	. USUAL OCCUPA	TIDN (Give kind of work ling life, even if retire	done 10b	. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		State, or fo		12. C	ITIZEN (	OF WHAT	
	Owner		-/	Shoe Store	b	New Yo	ork C	ity.	N. Y		U.S	.A.	
13	. FATHER'S NAM	1E			1	14. MOTHER'S N	AAIDEN NAN	/E					
VI-1	chael 1	Paul				Louisa	a Rol	etta					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   1	6. SOCIAL SECURITY NO.	17.	INFORMANT	2 101	2000	Addres	S			
(1)		(If yes give war or dates	f service)		Fo	licita !	Patma	n N	ew Ca	et7	T	707	
	NO LIR CAUSE DE	DEATH CEnter only or	e cauca no	r line for (a), (b), and (c)		IICICA .	Lauma	119 1	CW Ca	020	-	RVAL BET	WEEN
		EATH WAS CAUSED BY						_			ONS	ET AND D	EATH
	TAKE I. D	IMMEDIATE CAUSE	(a) A1	rterioscle	coti				rena				
	440	DUE	TO			d	iseas	e.			unk	nowi	n
	Conditions, If any, which gave rise to immediate (b)												
	cause (a), s		TD										
н	underlying caus	taring the	(c)										
No	PART II, DTHER	SIGNIFICANT CONDITI		BUTING TO DEATH BUTNO	OT RELAT	ED TO THE TERMIN	IALDISEASE	CONDITI	ON GIVEN IN I	ART 1(a)	119.	WAS AU	TDPSY
CATI											YES	PERFOR	MED?
H	2Da. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJUR	Y OCCILI	RED (Enter natur	e of Inhury	In Part I	or Part II of	Item 18		3 🔲	
CERTIFICATION	DR CONTRIBUT	ING CAUSE OF DEA	TH	DESCRIBE NOW INSOR	1 00001	TRED. (Enter neter	o or mjury	m raic i	or rait ii oi	10111 20	,		
AL	20c, TIME DF	INJURY Month, Day,	Year   2Dd	. INJURY OCCURRED   20	e. PLAC	E OF INJURY (Hom	e, farm, 2	Of. (City	or town)	(Cou	inty)	(S	tate)
MEDICAL	Hour a.		Whi	le - Not While -	factor	y, street, office bld	g., etc.)		,		•	12.5	
Σ	p.		at w			To- 22			1. 2.5				
				nded the deceased fro		Jan. 22			b. 25				
		ceased alive on F	eb. Z	2.3 19 6 foar	d that	death occurred	atto- To	I, from t	he causes				above.
	22a. SIONATO	REAL STATE		A		ATTENDING -	MED.		STAFF		ATE SIG		
	1-16	Aph ma	rews	(1.	M.D.	PHYS.	DIRECTO	DRi	PHYS.	2/2.	5/66	)	
	22c. PHYSICI/ NAME (T	ype) S RA	LPH /	WDREWS, JE	R.M.	D 22d. 2ADDRES	È. Ma	in S	t. F	lko	on N	//d	
238	<ol> <li>BURIAL, CREN REMOVAL (Sp</li> </ol>	eclfy)	THEREOF	23c. NAME OF CEN					ON (City, to	1		(Sta	
	Burial	rep.	28,1		se	of Lima	Cem.		sapea			-	d.
24	. FUNERAL DIRI		0	ADDRESS		25a.	REC'D BY I				400		
PI	PPIN FU	JNERAL HO	ME &	nald/h/de	へ E	lkton,	AR 1	196	6 10	iarl	es fo	roge	

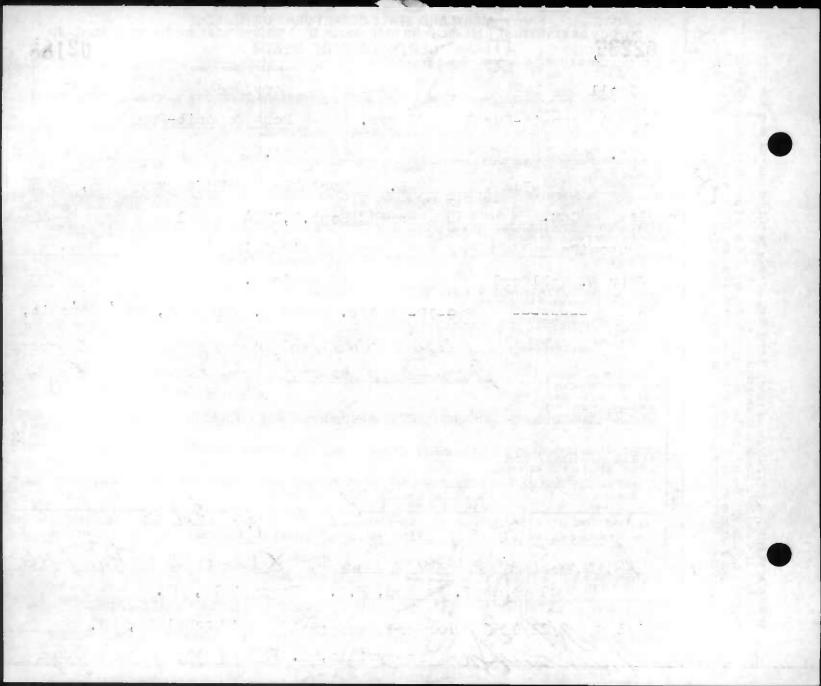
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A SAN	DIVISION OF STATISTICAL RESEARCH AND RE		, 301 W. PRESTO	· · · · · · · · · · · · · · · · · · ·	E 1, MARYLAND
1	UZZ31 CERTIF	ICAT	E OF DEATH		02188
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If Institu	
		RYLAND	a. STATE	b. COUNTY	Cecil
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	AY IN 1b	c. CITY OR TOWN (IT	outside corporate limits, write	RURAL and give nearest town)
	Port Deposit-Rural 40 y		Port	Deposit-Rura	1 07-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Rt. 222		Rt.2	222	YES NO I
3.	NAME OF First Middle DECEASED		Last	4. DATE Month	Oay Year
	(Type or print) Ida E.		Sprinkle	DEATHFebruary	8, 1966
5.	6. COLOR OR RACE 7. MARRIED X NEVER MARRI	ED 🗌	B. OATE OF BIRTH	9. AGE (In years IF last birthday)	UNOER 1 YEAR IF UNDER 24 HRS. onths   Days   Hours   Min.
	male Cau. WIDOWED DIVORC		Sept. 7, 190	)4   61 yrs.	
10a dur	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS ( ring most of working life, even if retired)   INDUSTRY	OR	1I. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		Virgin		USA
13.	. FATHER'S NAME		14. MOTHER'S MAIL		
	John S. Wohlford			3. Umbager	
15 (Yi	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (es, no, or unkown)   (If yes give war or dates of service)	VO.   17.	INFORMANT	Address	RD. Md.
		~ 1	. Homer R.	Sprinkle, Po	ort Deposit,
	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and	(c).]	14	P	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CON	gulion 1	ungo	7 8000
	4221 DUE TO 1	1	(1 6-	1-1//	Elso.
	gave rise to immediate (b)	Keni	sos Car	dio lagera	01 90/10
	cause (a), stating the DUE TO		de	morto	2
Z	underlying cause last. (c)		TER TO THE TERMINAL	NOSA OF OCUPATION OF USE IN DE	RT 1(a) 119. WAS AUTOPSY
AT10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	PERFORMED?
CERTIFICATION	CO. LOCIDENT WAS IMPERIATED AND THE LOCAL PROPERTY HOW IN	Univ ocali	Inne (F. L Luc	t below to Dark Las Dark II of I	YES NO NO
ERT	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW IN. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IURY OCCU	IKKEO. (Enter nature of	finjury in Part I or Part II of I	tem 18.)
		100- 011	4 - 05 IN III DV (II /		(County) (State)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While	facto	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
ME	p.m. 19 at work at work	4		1 410	
	21. I certify that (I) (this hospital) attended the deceased		et- 1-, 1	to 7-61- 0	, 1966 that (1) (we) last
	saw the deceased alive on 77 - 8 - 19 6	and that	death occurred at	P. M, from the causes an	od on the date stated above.
	111/100 1100 11/ 201 Da		ATTENDING X	MED STAFF	Fil - 9- 66-
	22c. PHYSICIAN'S	М.С	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	190 1-00
	NAME (Type) Clarence I. Benson	. М.		ville, Md.	
238	a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF		OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
P	REMOVAL (Specify) Burial / 2/20/1966 Harford		Gardens	Churchville.	Md.
24	4. FUNERAL DIRECTOR ADDRESS	Mem	25a. RE	C'D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
1	poll ( Perr	yvil	le Md DATE	B 1 4 1968 PCC	carles Judge

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65 2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02233 CERTIFICATE OF DEATH

	06490			CERTIFICATI	E OF DEATH	1		U	~16	3.7
1.	PLACE DF DEATH				2. USUAL RESIDENCE	CE (Where deceased	ived, If institution:	Residence	before ac	Imission)
	Cecil			MARYLAND		lvania				
	b. CITY OR TOW write RURAL	N (if outside corporate lin and give nearest town)	nits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
F	erry Po	int		1 vr 8 mo	Huntin	gdon		75	- 3	
	d. NAME OF HOS	SPITAL OR INSTITUTION (in	not in h	ospitai, give street address)	d. STREET ADDRESS			0	. IS RES	
		Administrat	ion	Hospital	RFD			Y	ON A F	NO K
3.	NAME OF DECEASED	First	12-1	Middle	Last	4. DATE	Month	Day	Yea	ır
	(Type or print)	ISA	C	NEWTON	STEEL	DEATH Fe	bruary	17	19	66
5.	SEX	6. COLOR OR RACE   7.	MARRIED	NEVER MARRIED 18	B. DATE OF BIRTH	19. AGE	(In years LIFUNDE	R 1 YEAR	FUNDER	24 HRS.
	Male		IDOWED	_	9-5-85	80	birthday) Months	Days	Hours	Min.
10a.		ION (Give kind of work done		CIND OF BUSINESS OR	11. BIRTHPLACE (Co		inn country)   12	CITIZEN O	F WHAT	
		ing life, even if retired)		NDUSTRY				COUNTRY	?	
	Laborer		St	teel mill		Township	, Pa.	J.S.	4.	
13.	FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME				
15	Henry S			(D)	Mollie	Smiley	(D	)		
(Yes	, no, or unkown)	EVER IN U.S. AR MED FORCE (If yes give war or dates of serv	S?   16.		INFORMANT		Address			
	Yes	WW I	1	76-10-9134 V	A Hospital	Records	, Perry	Point	, M	d.
1	18. CAUSE OF	DEATH [Enter only one ca	use per l	ine for (a), (b), and (c).]				INTER	EVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY:	TOne	oncho-Pneumoni	a hilatera	1		ONS	T AND	DEATH CALVE
	222	IMMEDIATE CAUSE (a)_	114	Olicilo-Tile anoliza	d, bracecta			_	- 1	
	Conditions, If any, which \ Cerebral Infarction, left side								3 0	lays
	Conditions, If any, which   gave rise to immediate   (b)   Cerebral Intarculon, Let o Side							_	5	
	cause (a), st		100					35.0		
	underlying caus		Ce	erebral Arterio	sclerosis,	severe		Yea	rs	
5	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBL	UTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION	GIVEN IN PART 1(8	1)  19.	WAS AU	
S								YES		NO T
E	20a. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJURY OCCU	RRED (Enter nature of	Inlury In Part I o	Part II of Item 1		AA	
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATH TIFY MEDICAL EXAMINER)			MEDI (Elitai ilatera o	,,		,		
AL.	20c. TIME OF I	NJURY Month, Day, Year	20d. I	NJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (City o	r town) (C	ounty)	(5	State)
MEDICAL	Hour a.n	n.	While	Not While factor	ry, street, office bidg., e	tc.)				
Σ.	p.n		at worl		1550 5	6/1	Ab 17	-		
	21. I certif	y that 🏈 (this hospital	attend	eu tile ueceaseu ii oiii	June 5 1	9, 10	eb. 17 <sub>19</sub>			<b>ADVIEK</b>
	saw the stor	consentative encounce	KXXXX	xxxxl0xxxx and that	death occurred at 9	2:201, from the	e causes and on	the date	stated	above.
	22a. SIGNATUR	RE,		/1		am		DATE SIG	NED	
	X 1)	hua / 1/1/	- /	- 1 Ol M.D.			AFF IYS. 🙀 2	17 6	6	
	22c. PHYSICIA		un	and the	22d. ADDRESS			-		
	NAME (Ty	pe) DHIA ALLAH	VERD:	I, M.D.	VAH. Pe	erry Poin	t. Md.			
23a.	BURIAL, CREM			23c. NAME OF CEMETERY			N (City, town or c	nunty)	(\$1	ate)
	REMOVAL (Spe	clfy) 7-15	1/60	b N+7	1	116.1	1. 11	1	101	>
	FUNERAL DIRE	OTOP No	0/	T ( Appares 0	Cemetery	Mandens	m/ Up HUM	nogh	TUDE	A-
	With	2/2m/2-	Fre	ADDRESS TO THE	don, Parch	2 4 1966	Miliane	S S SIGNA	del	
Bi	rown Fur	eral Home,	417=	419 Wash.St.,	DATE	4 1300	1	- Jan	0	

Cacil PATRICIA TO A STATE OF THE PARTY OF THE PART er a se l stall and land Inles train full touch a delacate at ton someter Analysis Analys Morest Cases Eq.1: 12-85 A St. St. Timescor Younger II. II. Isola II. invigored tents stead (1) tents yeard Yes The True Lacrone Indicated by drive the The Box . This is a second of the seco 978B 6 - S command in identification Corporation for the second of Hard S 54 480. 17 65 som rose de la companya del companya de la companya de la companya del companya de la companya del la companya del companya de la companya del la companya de la companya de la companya del la companya de la companya de la companya del la 00 ji. s MIN ALKATRUE, M.D. FAH, Porcy Folsk, Md.

Ferry Manual Transport The last to the state of the st FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be cetained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2/with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 7 permit after death. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 99930 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ULLUS			- CARTITICA	II VI DEA!		ne Lan					
PLACE OF DEATH     COUNTY				ZE (Where decaesed lived			ission				
Cec		MARYLAND	Mar Mar	yland b.c	DUNTYCeci						
b. CITY OR TOWN (if outside co write RURAL and give neare		6. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	foutside corporete limits,	write RURAL and	give necrest town)					
Elkton		1 Hr.	E	Lkton		07-1					
d. NAME OF HOSPITAL OR INS	TITUTION (if not in hos	spital, give streat address)	d. STREET ADDRESS			e. IS RESID					
	iţal		205 Locust	Lane		YES   NO	_				
3. NAME OF DECEASED (Type or print)	RGARET	MARIE-	SWANN	4. DATE MOF DEATH FE	onth (	Doy Year 1961	6				
Female Whi		TA THE MARKED	DEC 15.19	9. AGE (In you last birthdo	7/10/11/10		HRS.				
10a. USUAL OCCUPATION (Give a done during most of working life, a Store	(ind of work ven if retired)	IND OF BUSINESS OR INDUST	Penna.	or foreign country	12. CITIZ	EN OF WHAT COU	NTRY				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0.	744					
David Moran				F	ord						
15. WAS DECEASED EVER IN U.S. A (Yes, no or unkown) (Ifyesgivewa)	annels and annels and		r. Milton	J. Swann	Elktor	n, Md.					
PART I. DEATH WAS CAU	CAUSE (a)	1	re_			ONSET AND DEA	TH TH				
Conditions, if any, which	(b) MC	lo cardial	Infacti	on		5 and	4.				
(e), stating the underlying cause last.		15 unde	۲.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY or CONTRIBUTING CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.											
Zoc. TIME OF INJURY Mont	th, Dey, Yeer 20d. While at work	Not While fac	ACE OF INJURY (Homa, farm, tory, street, office bldg., etc.)		(Count	y) (Stet	e)				
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner										
ACTUAL SIGNATURE CULTUDO	SIGNATURE DATE SIGNED										
EXAMINER'S Rolar	ndo A. Na	jera	DEPUTY MEDICAL Address (Street, ci		ecil Con	st E190A	v.ep				
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify) BURIAL Fel		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, 10	own, or county)	(State)					
23. FUNERAL DIRECTOR	0. 10, 190	o Delaware	City Cemet	ery Delaw		ty, Del.					
PIPPIN FUNERAL	HOME Low	ell Le Elktor	n, Md. FEB	11 1966	Elianles	Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		02240		CERTIFICATE	OF DEATH			12191
aV)		PLACE OF DEATH			2. USUAL RESIDENCE (Where			re odmissian)
9		. COUNTY Ceci	1	MARYLAND	o. STATE Maryland	b. cou	Cec:	il
3		<ol> <li>CITY OR TOWN (If autside corparate lin write RURAL and give nearest town)</li> </ol>	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of		RAL and give neore	st tawn)
61		Elkto	n.	30 Yrs	Elkton		07	-1
		d. NAME OF HOSPITAL OR INSTITUTION (IF			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
61		Union Hospital	.Elkto	n.Md.	Rd # 1			YES NO
	3.	NAME OF	First	Middle		ATE Man	th Do	y Year
		Type or print) Clin	ton	R.	Tweed Sr.	OF DEATH	2 1	
	5.	THE TOTAL ON THIS	7. MARRIED	NEVER MARRIED   8	3 9 1/2 8 1/1901	9. AGE (In years	Months Doys	Hours Min.
		M. W.	WIDOWED			lost birthdoy)		
	10o	USUAL OCCUPATION (Give kind of work do ng mast at working life, even if retired)	ne 10b. k	CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Stote	e, or foreign country)	12. CITIZEN O	F WHAT
		Plaster		Retired	Penna	a.	U.	S.A.
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
		Robert Tw				e Springe:		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE s, na, or unknawn) [[H] yes give wor ar date	s of service)		NFORMANT	Addr	ess	
	(,,,	Yes 8/13/19t	0 1921	. 211-18-021	7 Sarah M.	Tweed Rd	1 Elkton	a, Md.
or to buriol, cremand		Canditians, if any, which gove	SE (o)	Ayo cardi rterioscleri			wing 5	TERVAL BETWEEN NSET AND DEATH
	NO	PART II. OTHER SIGNIFICANT CONDITIONS		<u> </u>	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19.	WAS AUTOPSY PERFORMED?
0	SATI	Previo	15 V	Ayocardial 1	nfarction y	Wabet	705	YES NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY OCCURRED.	(Enter noture af injury in Part4	or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. p.m.	20d. While at wo	Not While foctor	E OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City ar town)	(County)	(State)
		21. I certify that (I) (this he saw the deceased alive an		nded the deceased fram	1963, 19_ t death accurred at_9	, ta		hat (I) (we) la
153		220. SIGNATURE	1				22b. DATE SIG	
1		Hillefore	CK	ME ME		TOR PHYS.	2-10	8-66
	0	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			
0	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF	23c. NAME OF CEMETERY OR (	LREMATORY 2	3d. LOCATION (City or To	own) (Caunt	y) (Stote)
R	24	Burial 2/21	166	ISt John's (	e meritan. REC'D BY	ewis VIII	EGISTRAR SSIGNATU	IRE Md.
A	24	. FUNCAL DIRECTOR	. 1	1 30 11-	- Lai. KLCD BI K	ZJU. K	m/ / /	

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	undercons of			
	a facility of Disco	L Lastratory No.	100 V 50	
		base JAK 31-		
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	PLACE OF DEAT	TH THE		CERTIFICA			ed lived, If Institut	tion: Residence before	e admission
1	a. COUNTY	17		MARYLAND	a. STATE	rvland	b. COUNTY	Cecil	
-	b. CITY OR TOV	WN (If outside corpora L and give nearest to	te limits,	c. LENGTH OF STAY IN 1				RURAL and give nea	arest town
		t Deposit	vn)	6 yrs.	Po	rt Depos	sit	07-	. /
	d. NAME OF HO	DSPITAL OR INSTITUTI	ON (If not In h	ospital, give street eddres	d. STREET ADDRES			e. IS I	RESIDENC A FARM?
3.	NAME OF		Irst	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)		sie	D.	Whisler	OF DEATH	Feb.	24. 1	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9. A	GE (In years   IFU	INDER 1 YEAR IF UN	DER 24 HR
7	emale	Cau	MIDOWED	DIVORCED [	May 26.	1887 78		nths Days Hou	ırs   Min
10 du	a. USUAL OCCUPA	TION (Give kind of work	done 10b.	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or	foreign country)	12. CITIZEN OF WI	TAH
	Nurse	е	1	letired	W. Va			U.S.A	•
13	3. FATHER'S NAI	ME			14. MOTHER'S MA	AIDEN NAME			
-	W1771	am H. Wha:	rton	COOLIN AFRICATION TO A	Phoebe	E. Shar			
()	es, no, or unkown)	(If yes give war or dates	of service)		7. INFORMANT		Address		
	No				leuben W.	Whisler	Port De		
Н		EATH LEATH ONLY OF		line for (a), (b), and (c).]	40	1		INTERVAL ONSET A	
	110	IMMEDIATE CAUSE	(a)	DRONKET	15 000	-10013		5 de.	~ > 6
	Conditions, If	DUE	MA	tenio Schoon	Go hyb	4 0	OV.	0 100	110
	gave rise to	Immediate (	(b) // TO	0	- Cliffie	0/6-2.			
	cause (a), s	stating the	(c)	onono-	7 1050	550000	7	2%	- 5
CERTIFICATION				UTING TO DEATH BUT NOT B	LATED TO THE TERMINA	AL DISEASE CONDP	TION GIVEN IN PAR	T1(a) 19. WAS	AUTOPS FORMED?
ICAT								YES _	NO
RTIF	20a. ACCIDENT	WAS UNDERLYING FING TO CAUSE OF DE	7H 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of Injury In Part	I or Part II of Ite	em 18.)	
		TING CAUSE OF DEA							
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day, .m.	Year 20d.	f o	LACE OF INJURY (Home ctory, street, office bldg	, farm, 20f. (CI ., etc.)	ty or town)	(County)	(State)
ME		.m. 19	at wor	k at work			=/-		
	21. I certi	ify that (I) (this hos	pital) attend	ded the deceased from	hat death occurred a		T.1024	1966, that (	) (we) la
	saw the de	eceased alive on	7/3 24	19 <u>6</u> C, and t	hat death occurred a	tzM, from		on the date sta	
	1/6	10666	010		M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	2-26-6	
	220. PHYSICI	IAN'S	e cer		22d. ADDRESS	DIRECTOR _	FRIS.		
-		G. H.	Richa	irds Jr. MD	Port D	eposit.	Maryla	nd.	
-	NAME (1	To De							(01-1-1
23	NAME (1		THEREOF	23c. NAME OF CEMET	RY OR CREMATORY	23d. LOCA	TION (City, town	or county)	(State)
23	NAME (1)  a. BURIAL, CRE REMOVAL (S) BURIAL 4. FUNERAL DIR	MATION, 23b. DATE pecify) 2/26		West Nott		23d. LOCA		or county)	,

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MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STA	TE DEPARTMEN	T OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND R	ECORDS, 301 W. PR	ESTON STREET	, BALTIMORE

DIVISION OF STATISTICAL RESEA	RCH AND RECORDS CERTIFICATI			MORE 1, MAI	RYLAND U2194				
1. PLACE OF DEATH a. COUNTY Cocil	MARYLANO	a. STATE TYLE		Ceci	1				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural, North East	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Rural, No.	outside corporate limits, rth East	write RURAL and	d give nearest town)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES X NO				
3. NAME OF First DECEASED (Type or print)  MILDRED E	Middle CLIZABETH WOOI	Last	0.00		Day Year 22 19 66				
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	A WEVEN MARKITED	B. DATE OF BIRTH	last birthda	(ay) Months Da	EAR IF UNOER 24 HRS. ys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. Kill during most of working life, even if retired)	ND OF BUSINESS OR OUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign county, Maryland	ntry)   12. CITIZ	ZEN OF WHAT				
13. FATHER'S NAME  John E. Nickle		14. MOTHER'S MAID							
(Yes, no. or unknwn)   (If yes alve war or dates of service)		INFORMANT ank H. Wood		orth Eas	t. Md.				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).]	carria	ntous.		NTERVAL BETWEEN ONSET AND DEATH				
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	ancin on	of the	Madder.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF OF OF ATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO A				
	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury In Part I or Part	II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	Not While facto	CE OF INJURY (Home, fa ry, street, office bldg., e		(Count)	(State)				
21. I certify that (1) (this hospital) attended saw the deceased alive on	the deceased from		965, to Feb 22						
221. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  Feb. 23, 196									
22c. PHYSICIAN'S Jay S. Barnhart		North Eas							
Durage	23c. NAME OF CEMETERY Bay View Metho	dist Cem.	Cecil Coun	ty, Md.					
Grant Funeral Home	127 S. Main	1 St. EEE	C'D BY REGISTRAR 25b. 3 2 4 1966	REGISTRAR'S S	Judge				

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mpletely filled in by the funeral services. Pages 1 and 2 and 2 and 2 and 2. to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02244	CERTIFICAT	E OF DEATH		02195
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where a. STATE	e deceased lived, If institution: Re b. COUNTY	esidence before admission)  ECIL
b. CITY OR TOWN (if outside corporate li	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	
d. NAME OF HOSPITAL OR INSTITUTION (i	f not in hospital, give street address)	RUKAL d. STREET ADDRESS	FLETON	07 - /
UNION HOSPI	TAL	NONE		ON A FARM? YES NO S
3. NAME OF First DECEASEO (Type or print)	Middle EMMA Z	AHN 4. OA		Day Year 1966
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2 - 7 - 1909	9. AGE (In years   IF UNDER : last birthday)   Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	tate, or foreign country)   12. Cl	TIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	7	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		INFORMANT	K. LON6. Address	
(Yes, no, or unkown) (If yes give war or dates of serv		OHN S. ZAI	YH PDXZ E	LATON, MA
18. CAUSE OF OEATH [Enter only one ca PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	use per line for (a), (b), and (c).]	Cerouny)	Preme	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which DUE TO	Charine -	myound	itio.	ssoul.
gave rise to immediate cause (a), stating the underlying cause last.				
	CONTRIBUTING TO OEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury I	n Part I or Part II of Item 18.	)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, farm, 20 pry, street, office bldg., etc.)	f. (City or town) (Cou	nty) (State)
21. I certify that (I) (this hospital			to 7c612, 19/	
saw the deceased alive on	eb 1 2 196, and that	t death occurred at 11 3 M		THE GATE STATED ADOVE.
Jours Jence	males ) M.C		STAFF STAFF	14/64
22. PHYSICIAN'S NAME (Type)	Greenwald, M. D.	22d. ADORESS	in Street Elki	ton Md
23a BURIAL CREMATION   23b. DATE THE				

REGISTRAR'S SIGNATURE

REMOVAL (Specify)

RIAL

FUNERAL DIRECTOR FLXTON
REC'O BY REGISTRAR | 25b. E / ATOM 25a. 5 1966 ELATONI

VR A 5 (4) 1/65

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